



Chateau Charm to Desert Calm: 2026 Meetings in Québec City and Palm Springs



Kerry Gelb, OD
President

It is time to announce the 2026 ALLDocs Sublease Meeting date and location! This year the Sublease Meeting will be in Palm Springs, November 15-17 at the very trendy Thompson Hotel!

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 Québec City this year. 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!

Having two meetings per year in different locations should provide all of our members an opportunity to participate and enjoy the ALLDocs experience.

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



ANNUAL MEETING
Aug 30-Sept 04, 2026
Québec City, Canada



SUBLEASE MEETING
November 15-17, 2026
Palm Springs, CA



GLP-1RAs: Balancing Systemic Gains & Ocular Risks

Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are helping reshape how chronic diseases like type 2 diabetes, obesity, and cardiovascular disease are treated. Originally designed to treat and manage type 2 diabetes, these therapies provide additional metabolic, cardio-protective, and weight-reduction related benefits. However, optimal implementation requires careful patient selection, side effect monitoring, and interdisciplinary collaboration, especially for those with ocular, gastrointestinal, or thyroid risk factors.¹

Given the increasing evidence linking GLP-1RAs to potential sight-threatening complications, it is important for optometrists to get involved as part of the interdisciplinary care team. According to the American Optometric Association (AOA), any patient initiating a GLP-1RA—particularly those with diabetes or age-related macular degeneration (AMD)—should have a comprehensive, dilated eye examination within 12 months before starting treatment or a baseline examination within 1 month of initiating therapy.²

GLP-1RA Use Rising

According to an AOA report on GLP-1RAs and ocular health, approximately 6% of adults in the United States are currently taking GLP-1RAs, with semaglutide being the most widely used. Roughly 12% of U.S. adults have used GLP-1RAs at some point. Among users of these treatments, 7% do so for chronic diseases and 5% use them for weight loss alone.¹ Of note, there are no published randomized controlled trials exhibiting higher rates of ophthalmic complications amongst the different GLP-1RAs.

Emerging Ocular Risks

Non-arteritic anterior ischemic optic neuropathy (NAION) is the most common cause of acute optic neuropathy in patients aged 50 and older.¹ NAION results from ischemia due to impaired perfusion of the optic nerve head, primarily via the short posterior ciliary arteries. The swelling in the optic nerve canal leads to axonal compression and apoptosis of retinal ganglion cells.¹ The estimated U.S. incidence of NAION ranges from 2.3 to 10.2 per 100,000. Of note, NAION is more common in White than Black individuals, likely due to anatomical differences in optic disc morphology.¹ Review the table below for risk factors and common signs of NAION.

Clinical Recommendations

According to the AOA's Comprehensive Adult Eye and Vision Examination, 2nd Edition, patients who are taking GLP-1RAs are considered "at-risk" individuals. As such, these patients should:²

- Follow more frequent reexamination intervals
- Receive individualized risk counseling regarding ocular risks
- Get collaborative care with providers managing their diabetes and other systemic conditions

Furthermore, individualized risk counseling is recommended for those at risk for NAION.¹

SOURCE

1. American Optometric Association. GLP-1 receptor agonists and vision risk. Published July 10, 2025. <https://www.aoa.org/news/clinical-eye-care/public-health/glp-1-receptor-agonists-and-vision-risk>.
2. American Optometric Association-Evidence-based Optometry Committee. Glucagon-like peptide-1 receptor agonists and ocular health: guidance for optometric practice. June 2025. https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/AOA%20GLP-1_EBO_clinical-report.pdf.

Risk Factors for NAION	Common Signs of NAION
• Diabetes • Hypertension • Hyperlipidemia • Obstructive sleep apnea • Small cup-to-disc ratio aka a "disc at risk" is the strongest risk factor for NAION	• Sudden, unilateral painless loss of vision • Visual field defect (usually altitudinal) • Blurred vision • Dyschromatopsia • Relative afferent pupillary defect • Optic disc swelling with or without hemorrhages
Reference: American Optometric Association. GLP-1 receptor agonists and vision risk. Published July 10, 2025. https://www.aoa.org/news/clinical-eye-care/public-health/glp-1-receptor-agonists-and-vision-risk	

Early-Stage AMD: Assessing the Impact of Malnutrition



Recent research has highlighted a significant association between poor nutritional status and early-stage age-related macular degeneration (AMD), particularly in patients with the reticular pseudodrusen (RPD) phenotype. A retrospective study of adults aged 55 years and older suggests there is a progressive decline in nutritional health in patients with AMD, especially for those with AMD-RPD.

Patients with AMD-RPD exhibited the lowest Geriatric Nutritional Risk Index (GNRI) and Prognostic Nutritional Index (PNI) scores, suggesting these measures may be particularly useful in identifying patients at greatest risk for this phenotype. The study also showed reduced choroidal vascular index values in patients with AMD, linking malnutrition to choroidal vascular abnormalities that may contribute to disease pathogenesis.

Given that nutrition is a modifiable risk factor, these findings reinforce the importance of nutritional assessment in early AMD management. Incorporating validated nutritional screening into optometric care may help identify high-risk patients earlier and support more comprehensive disease management strategies.

SOURCE

- Guo S, Gao L, Cao D, et al. The prevalence of malnutrition and early-stage age-related macular degeneration: using three nutritional scoring systems. Transl Vis Sci Technol. 2025;14(12):25.

Turning Post-Cataract Frustration Into Patient Satisfaction

Optometrists frequently encounter patients who are dissatisfied with the outcome of their cataract surgery. An important step to improving satisfaction is taking time to explore and understand what is bothersome or frustrating to the patient.¹

Refractive Error

Residual refractive error is a common cause of dissatisfaction after cataract surgery. It can often be corrected with glasses, contact lenses, or a corneal procedure. Setting expectations preoperatively is essential for achieving a successful, “20/happy” outcome, but it is important to recognize that patients may still need part-time correction or fine-tuning.¹

Ocular Surface Disease

Managing ocular surface diseases (OSD) before and after cataract surgery is critical to improving outcomes. A poor ocular surface can cause patient dissatisfaction and inaccurate measurements. Even without classic dry eye symptoms, unhappy patients should undergo a comprehensive workup. Preoperative OSD should be addressed because surgery can worsen signs. Studies show that up to 77% of cataract candidates have corneal staining.² By optimizing the ocular surface first, clinicians can ensure better comfort, visual quality, and refractive outcomes.¹

Posterior Capsular Opacification

Posterior capsular opacification (PCO) is a frequent complication of cataract surgery, occurring months or years after intraocular lens (IOL) implantation. The incidence ranges from under 5% to 50%, and patients often feel their cataracts have returned.^{3,4} Once diagnosed, an Nd:YAG capsulotomy can quickly restore clarity and satisfaction.¹

Dysphotopsias

Positive, negative, and diffractive dysphotopsias are visual disturbances after cataract surgery. Positive types appear as halos or arcs. Negative types present as temporal shadows whereas diffractive types can cause halo from lens optics.⁵ It is important to allow 3 to 6 months for neural adaptation. Reassess severity if symptoms persist despite conservative measures. In rare cases, a lens exchange may be required.¹

Problematic Near Point

Problematic near point can occur when



patients choose presbyopia-correcting IOLs but expect perfect near vision after surgery. Despite thorough preoperative counseling, some patients continue to be dissatisfied. Trial lenses can be used to demonstrate what vision would be like with monofocal implants. For example, placing -2.50 D lenses over each eye while patients view their phone can help them appreciate the functional near vision their current implants provide.¹

Managing Visually Demanding Patients

Optometrists best understand the vision goals of their patients and should guide IOL selection accordingly. For visually demanding patients, the management of expectations is critical. Spending extra chair time preoperatively can help prevent dissatisfaction. Clear communication with surgeons and thorough education on realistic outcomes helps ensure more “20/happy” results.

With higher patient expectations and a wide range of options available today, modern cataract surgery is essentially a refractive surgical procedure. Optometrists play a key role in guiding choices and setting realistic goals. Applying troubleshooting strategies can help boost satisfaction and help more patients achieve their treatment goals.

SOURCES:

1. Karpuk K, Schweitzer J. Troubleshooting unhappy cataract surgery patients. *Modern Optometry*. October 2020. https://modernod.com/topics/business/troubleshooting-unhappy-cataract-surgery-patients/38143/?utm_source=recom-eng&id=dcf82d81bf-c46415648cee0796fa1838.
2. Trattler WB, Majmudar PA, Donnenfeld EG, et al; PHACO Study Group. The Prospective Health Assessment of Cataract Patients' Ocular Surface (PHACO) study: the effect of dry eye. *Clin Ophthalmol*. 2017;11:1423-1430.
3. Raj SM, Vasavada AR, Johar SRK, Vasavada VA, Vasavada VA. Post-operative capsular opacification: a review. *Int J Biomed Sci*. 2007;3(4):237-250.
4. Vasavada A, Shetal MR, Shah GD, Nanavaty MA. Posterior capsule opacification after lens implantation; incidence, risk factors and management. *Expert Rev Ophthalmol*. 2013;8(2):141-149.
5. Masket S, Fram NR. Pseudophakic Dysphotopsia: A review of incidence, etiology and treatment of positive and negative dysphotopsia [published online ahead of print, 2020 Aug 12]. *Ophthalmology*. 2020;S0161-6420(20)30787-9.

Fluoroquinolones: The “Go-To” Antibiotic for Bacterial Keratitis



Fluoroquinolones continue to be the most prescribed antibiotics for the treatment of bacterial keratitis in the United States, according to a large retrospective analysis. Reviewing data from nearly 6,000 patients treated between 2005 and 2024, researchers found that nearly 75% of patients with bacterial keratitis were initially prescribed a fluoroquinolone, most frequently moxifloxacin. These agents were used primarily as monotherapy, reflecting clinician preference for rapid, broad-spectrum empiric coverage in the setting of acute, vision-threatening infection.

Aminoglycosides and macrolides were the next most frequently prescribed antibiotic classes. Use of vancomycin increased over the study period despite concerns regarding its slower bactericidal activity and epithelial toxicity. Cefazolin was rarely prescribed, even though professional guidelines recognize it as a potential first-line option when used in combination therapy. The authors note that prescribing trends likely reflect the urgency of bacterial keratitis management and the need for immediate treatment.

SOURCE

Hong AT, Lin F, Luu IY, Stewart JM, Keenan JD. Prescribing patterns of first-line therapy for bacterial keratitis. *JAMA Ophthalmol*. 2025 Dec 11:e255071.

The 5 Faces of Ocular Syphilis: Lessons From Misdiagnosis



Ocular syphilis is often called “The Great Imitator” because it can present as several other conditions.¹ The incidence rate of ocular syphilis is rising annually, meaning optometrists are increasingly likely to encounter the disease in clinical practice.²

Syphilis & Ocular Implications

Syphilis is a systemic infection caused by the spirochete bacterium *Treponema pallidum*. Transmission occurs primarily through sexual contact, but it can also spread via blood transfusion or vertically from mother to child. The organism penetrates intact mucous membranes or compromised skin, initiating infection.¹

Primary syphilis is the first stage and typically presents as a painless ulcer at the site of inoculation.¹ This lesion often goes unnoticed by patients and resolves spontaneously, which can delay diagnosis. If untreated, the disease progresses within approximately 6 weeks to secondary syphilis, which is characterized by widespread mucocutaneous lesions, systemic symptoms, and lymphadenopathy.¹

After secondary symptoms are resolved, syphilis enters a latent phase in which patients are asymptomatic but remain infected. Without treatment, the disease can reemerge years later as tertiary syphilis, which may involve cardiovascular, neurologic, and ocular complications. At this stage, the infection is no longer contagious, but it can cause severe morbidity or even death.³

Identifying Red Flags

If patients present with unexplained ocular inflammation, this should serve as a “red flag” to optometrists. If the clinical

picture does not fit typical patterns or if symptoms persist despite standard therapy, syphilis should be considered as part of the differential diagnosis. This is especially important given the rising incidence of syphilis nationwide and the potential for severe ocular and systemic complications.¹

An accurate diagnosis requires both non-treponemal and treponemal tests.¹ Non-treponemal tests are useful for screening and monitoring treatment response whereas treponemal tests can confirm infection.³ Serologic testing is also highly reliable. As such, lumbar puncture is generally not recommended when ocular symptoms are present. However, treatment should follow neurosyphilis protocols because ocular involvement is considered a manifestation of neurosyphilis.

Treatment and Co-Testing

If syphilis is confirmed, the CDC recommends 3 to 4 million units of intravenous penicillin every 3 to 4 hours for 10 to 14 days.³ While steroids are not formally recommended by the CDC, they are often coadministered to control inflammation. Of note, all patients should be screened for HIV due to the high rate of coinfection, which can complicate management and prognosis.³

Be Prepared by Staying Informed

Syphilis and its ocular manifestations are rising, making vigilance essential for optometrists. Ocular syphilis can mimic many conditions, making it critical to maintain a high index of suspicion in cases of unexplained or persistent inflammation.¹ Order serologic testing early and refer promptly for systemic treatment. Since missing the diagnosis can have devastating consequences, awareness and early intervention are key strategies to saving sight.

SOURCE:

1. Centers for Disease Control and Prevention. 2022 U.S. syphilis cases reach highest numbers since the 1950s. January 30, 2024. www.cdc.gov/nchhstp/newsroom/releases/2024/STI-Surveillance-Report-2022.html.

2. Kortright C. Ocular syphilis: the great imitator. *Modern Optometry*. September/October 2025. <https://modernod.com/articles/2025-sept-oct/ocular-syphilis-the-great-imitator>.

3. Centers for Disease Control and Prevention. Sexually transmitted infections treatment guidelines, 2021. July 21, 2021. www.cdc.gov/std/treatment-guidelines/neurosyphilis.htm.

Interventions for Myopia Control Increase Choroidal Thickness



Commonly used myopia control interventions are associated with measurable increases in choroidal thickness in children and adolescents, according to findings from a recent meta-analysis. The study, which analyzed 11 randomized controlled trials encompassing over 2,000 eyes, compared the effects of low-dose atropine, orthokeratology and repeated low-level red light (RLRL) therapy with single-vision lenses or placebo. Across all interventions, early choroidal thickening was observed, with the most pronounced changes occurring within the first few months of treatment initiation.

RLRL therapy produced the largest increase in choroidal thickness, followed by orthokeratology and atropine. Higher-dose or combination therapies were associated with earlier and greater choroidal responses. Given that thinner choroids have been linked to myopia progression, these findings support the concept of choroidal thickness as a potential biomarker for treatment response. The study team suggested that monitoring choroidal thickness with optical coherence tomography may provide valuable insight into early biologic responses to myopia control interventions.

SOURCE

Martinez-Perez C, Oliveira AP. Impact of myopia control interventions on choroidal thickness in children: a systematic review and meta-analysis of randomized controlled trials. *Ophthalmol Sci*. 2025;6(2):101039.

Binocular Dysfunction: Modern Challenges & Management Strategies

Cases of binocular dysfunction in children and adults are common, and recent data show that visual demands are increasing among patients, especially when it comes to using digital devices.¹ This highlights a significant unmet need to improve how clinicians recognize and manage binocular dysfunction. While diagnosis is often straightforward, selecting the most appropriate treatment can be challenging given the variety of options available.²

Conditions like convergence insufficiency, accommodative dysfunction, pseudo-convergence insufficiency, and intermittent exotropia can present with clear diagnostic signs. However, selecting the most appropriate management strategy can be difficult due to the variety of available treatment options and the unique needs of each patient.¹ An accurate diagnosis requires comprehensive testing, including:¹

- Cycloplegic refraction
- Accommodative amplitude assessment
- Binocular vision evaluation

Accommodative Dysfunction & Screen Time

Accommodative dysfunction has been increasingly linked to prolonged near work and excessive digital device use. Reduced accommodative amplitude, accommodative excess, and related symptoms, such as asthenopia, are common findings.³ Management options include office-based vision therapy, prescribing low plus lenses, or a combination of both. Evidence suggests that pairing vergence therapy with low plus correction in hyperopic patients with convergence insufficiency can improve binocular outcomes.¹

Lifestyle counseling is equally important. Patients should be advised to reduce screen time and incorporate visual breaks. The widely recommended 20-20-20 rule—every 20 minutes, look at something 20 feet away for 20 seconds—remains a simple guideline, but more frequent breaks may be necessary for symptomatic patients.⁴

Pseudo-Convergence Insufficiency

When accommodative and convergence anomalies coexist, optometrists should consider pseudo-convergence insufficiency, where convergence issues stem from accommodative insufficiency rather than fusional deficits. Differentiating this condition can be achieved by testing near point of convergence with and without plus lenses. Improvement with lenses suggests accommodation-driven

dysfunction is present. Treatment usually involves plus correction, with vision therapy added if symptoms persist.¹

Prescribing for Low to Moderate Hyperopia

The decision on whether to prescribe for asymptomatic children with low to moderate hyperopia remains controversial. Several factors influence this decision, including reduced visual acuity, asthenopia, accommodative lag, esophoria, and academic performance.⁵ Research indicates that uncorrected hyperopia may impair early literacy and increase accommodative stress, but consensus on prescribing thresholds is lacking. Clinical judgment and individualized care are essential.¹

Intermittent Exotropia

Intermittent exotropia, or IXT, is one of the most common forms of strabismus, with management strategies ranging from observation to nonsurgical interventions, including over-minus lenses, part-time patching, and binocular vision therapy.⁶ While over-minus lenses can provide temporary improvement, they may also increase myopia risk. Vision therapy can enhance fusional vergence and sensory fusion, but treatment plans should be tailored to the patient's control level and symptoms.⁶

Key Takeaways

Binocular vision disorders require a multifaceted approach; an accurate diagnosis, individualized treatment, and patient education are essential for success.¹ Combining optical correction, vision therapy, and lifestyle modifications can help optometrists meet the growing vision demands of modern life while improving patient comfort and performance.

SOURCES:

1. Kaur K, Gurnani B, Nayak S, et al. Digital eye strain: a comprehensive review. *Ophthalmol Ther*. 2022;11(5):1655-1680.
2. Oechslein T, Buckland M, Fogt N. Managing binocular vision and pediatric eye conditions. *Rev Optometry*. October 15, 2025. <https://www.reviewofoptometry.com/article/managing-binocular-vision-and-pediatric-eye-conditions>.
3. Hussaindeen JR, Murali A. Accommodative insufficiency: prevalence, impact and treatment options. *Clin Optim (Auckl)*. 2020;12:135-149.
4. Johnson S, Rosenfield M. 20-20-20 rule: are these numbers justified? *Optom Vis Sci*. 2023;100(1):52-56.
5. Morrison AM, Kulp MT, Ciner EB, et al. Prescribing patterns for paediatric hyperopia among paediatric eye care providers. *Ophthalmic Physiol Opt*. 2023;43(5):972-984.
6. Pang Y, Gnanaraj L, Gayleard J, et al. Interventions for intermittent exotropia. *Cochrane Database Syst Rev*. 2021;9(9):CD003737.

Statins & SRIs Provide Protective Effects Against RVO



Statins and serotonin reuptake inhibitors (SRIs) appear to be associated with a reduced risk of retinal vein occlusion (RVO), according to a recent retrospective study. Investigators analyzed electronic health records from patients diagnosed with central or branch RVO and compared medication use with a matched control group. Logistic regression analysis demonstrated a statistically significant reduction in RVO risk associated with SRI use, statin therapy, and combined treatment, with the greatest protective effect seen when both drug classes were used together.

The study group proposed that these findings may reflect the antithrombotic and anti-inflammatory properties of statins and SRIs, given the shared pathophysiologic mechanisms underlying RVO, including thrombosis and platelet aggregation. The results suggest a possible role for these medications in modifying RVO risk, but the authors emphasized that the study's retrospective design limits its causal interpretation. Additional prospective research is needed to clarify mechanisms, assess dosage and duration effects, and determine whether these findings have implications for clinical risk stratification and management.

SOURCE

Thomas F, Lockhead J. Serotonin reuptake inhibitors may reduce the risk of retinal vein occlusion. *Retina*. 2025;45(6):1160-7.

iWear®

harmony

DAILY DISPOSABLE

PREMIUM, HIGH-PERFORMANCE EXPERIENCE. †\$1,2

Features a powerful combination of unsurpassed comfort,¹¹ optimized design,³ and unparalleled range of parameters.⁴



Our favorite things about these lenses are:

- **iWear® harmony daily disposable offers more prescription options** than any other one-day brand⁴
- **Aquaform® Technology** locks in moisture for incredible, all-day comfort⁵
- **UV blocker*** to support ocular health[†]
- **Available in a complete family of 1-day silicone hydrogel lenses**, including sphere, toric and multifocal

*WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing goggles or sunglasses because they do not completely cover the eye surrounding area. Persons should continue to use their protective UV-absorbing eyewear as directed. NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of the outdoor activities). UV-absorbing contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-absorbing contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your Eye Care Practitioner for more information.

† Vs. ACUVUE® OASYS MAX 1-Day, PRECISION1®, INFUSE® One-Day (US)/ULTRA® One-Day (ex-US). ‡ Daily disposables are the healthiest way to wear contact lenses. With higher oxygen delivery than hydrogel materials, silicone hydrogel contact lenses practically eliminate hypoxia-related complications during daily lens wear. § Vs. DAILIES TOTAL1®, ACUVUE® OASYS MAX 1-Day, INFUSE® One-Day (US)/ULTRA® One-Day (ex-US). 1. CVI data on file 2021 & 2023. MyDay® compared to PRECISION1® n=35 (dispense 9.1 vs 9.4 p=0.13, day 5 8.2 vs 8.4 p=0.39), INFUSE® One-Day/ULTRA® One-Day n=64 (dispense 9.3 vs 9.1 p=0.33, day 5 8.3 vs 8.7 p=0.13), ACUVUE® OASYS MAX 1-Day n=68 (dispense 9.3 vs 9.5 p=0.18, day 5 8.8 vs 9.1 p=0.08). 2. CVI data on file 2015, 2021, 2023, and 2023. MyDay® clinical studies compared to DAILIES TOTAL1® n=22 (dispense -0.09 vs -0.10 p=0.624), PRECISION1® n=35 (dispense -0.14 vs -0.14 p=0.90, 1 week -0.14 vs -0.15 p=0.14), ACUVUE® OASYS MAX 1-Day n=68 (dispense -0.10 vs -0.11 p=0.22, 1 week -0.10 vs -0.10 p=0.25), and INFUSE® n=64 (dispense -0.04 vs -0.04 p=0.79, 1 week -0.04 vs -0.04 p=0.54). 3. CVI data on file, 2013. Multicenter clinical evaluation MyDay® and 1-DAY ACUVUE® MOIST. 2 weeks DD wear. N=100. Fit success and rating on dispensing and 2-week visit; fit acceptance 3.9 (0-4 scale). 4. CVI data on file 2023. Based on prescription option combinations from available published sources (sph, cyl, axis, ADD) available across all SiHy daily disposable soft lenses in sph, toric and MF from CVI, J&J, B&L and Alcon in U.S. July 2023. Cosmetic CLs not included. Multiple base curve variants not included. 5. CVI data on file, 2024. 6. CVI data on file, 2022.

iWear® harmony daily disposable family is manufactured by CooperVision, Inc. ("CVI") and is the same contact lens as CVI's MyDay® family.



INSIGHTS

Pickleball Linked to Higher Rate of Eye Injuries



The rapid rising interest in pickleball over the past decade appears to have been accompanied by a significant increase in sport-related ocular injuries, according to a study published in JAMA Ophthalmology. Using data from the National Electronic Injury Surveillance System, investigators identified a sharp upward trend in pickleball-related eye injuries between 2005 and 2024. Older adults were disproportionately affected, with most injuries occurring in individuals aged 50 years and older.

Reported injuries ranged from relatively mild conditions—such as corneal abrasions, periocular lacerations and subconjunctival hemorrhage—to more severe outcomes, like hyphema, orbital fractures, globe trauma, and retinal detachment. Age-related declines in balance, reaction time, and musculoskeletal strength, combined with limited playing experience among newer participants, may contribute to increased injury risk.

Protective eyewear is not currently mandated in pickleball at recreational or professional levels. The findings underscore the importance of patient education regarding eye protection and injury prevention, particularly for older adults and those with preexisting ocular risk factors..

SOURCE

Lacher CR, Koc I, Tsui JC. Pickleball-related ocular injuries among patients presenting to emergency departments. JAMA Ophthalmol. 2025;143(11):938-944.

THANK YOU TO OUR NEWSLETTER SPONSORS

Alcon

ABB OPTICAL GROUP



BAUSCH + LOMB

Johnson & Johnson VISION



CONTACT

Tara O'Grady
tara@alldocsod.com