THE EIGHTH LINE

See Your Way Clear To Best Practice

ALBERTA COLLEGE AND ASSOCIATION OF OPTICIANS

• AGM 2018
• Council Elections
• Free Con-Ed: Peripheral Monochromatic Aberrations
The Eighth Line

At our Strategic Planning session in the fall of 2017, Council decided that in the interest of saving money, we will no longer provide a printed copy of the newsletter starting in January 2019. Instead we will publish a digital copy that will be available on our website. For the remainder of 2018 we will continue to provide a printed copy and post a digital copy.
I hope that you have all managed to survive this winter with your sense of humour still intact. As with every passing winter we see spring just around the corner that means that the AGM is also on the way. This year we have three seats to be filled and six opticians looking for your vote. The ACAO has made it easier for you to vote this year. If you are unable to attend please go online to our website and let your voice be heard. Follow the links on the website and if for any reason you are having difficulty please call the office and let them guide you through.

It has been a busy year for the Council rewriting the Standards of Practice documents that we rely on to ensure the safety of the public as well as our members. Thank you to all of you that came out and helped us at the focus groups. I have been on Council for many years and it seems to me that our members are becoming more involved to help shape the path we are taking. Please voice your opinion so change can follow without change we can’t grow.

If you missed the March e-Newsletter there is an exciting new course NAIT is offering. It is a 15 week standalone Refraction course developed for contact lens practitioners to enrich their skills. We are also looking to recruit Opticians for our Discipline committees. For more information please refer to your e-Newsletters.

In Memoriam

Bob Meyers
July 1, 1944 - January 21, 2018

REMEMBERING BOB MEYERS

It is with profound sadness that we say goodbye to Bob, husband, father, brother and great friend. Bob lost his valiant battle with cancer on January 21, 2018 at the Christene Morrison Hospice in Mission B.C. Bob worked as an optical frame sales representative for 31 years. He worked with Imperial Optical from 1980 till they closed their business in 1992. Covering the British Columbia territory. Bob then joined the sales team of Eyewear Import as their western sales representative and western sales manager, until his retirement in 2011. Bob was a favorite of his clients, and known for his unique humour, bringing smiles and laughter wherever he went. Bob is survived by his wife, Carolyn Hepworth-Meyers, his son David and wife, his son Bobby and his wife, two granddaughters, his brother Gerry, numerous nieces and nephews, sisters in law brothers in law and numerous long-time friends. Bon Voyage, Bob, you were well loved and will be sorely missed.
Peripheral Monochromatic Aberrations in Young Adult Caucasian and East Asian Eyes

Uchechukwu L. Osuagwu, OD, PhD,1* Pavan Verkicharla, PhD,2 Marwan Suheimat, PhD,1 and David A. Atchison, DSc, FAAO1

SIGNIFICANCE: Myopia prevalence rates differ between racial groups. If the growth of the eye is sensitive to differences in optical input, the difference in spherical aberration between East Asian and Caucasian eyes found in this study may be important in understanding myopia development.

PURPOSE: The aim of this study was to determine differences in peripheral wavefront aberrations between two racial groups.

METHODS: Wavefront aberrations were measured using a COAS-HD aberrometer across the 42° × 32° central visual field on 37 right eyes of young adults (18 Caucasians, 19 East Asians; mean age 21.5 ± 2.4 years). The mean spherical equivalent refraction was −1.94 ± 1.63 diopters (D) with a range of −5.87 to +0.16 D. Effect of race and visual field position on refractions, individual Zernike aberration coefficients up to the fourth order, higher-order root-mean-square aberration, and total root-mean-square aberration were assessed by repeated-measures analysis of covariance.

RESULTS: Caucasians and East Asians had similar relative peripheral myopia across the visual field. All higher-order aberration coefficients were affected by visual field position. Race had no significant effect on any higher-order Zernike coefficient, but the difference in mean vertical coma coefficient $C_1$ across the visual field (i.e., average of 38 field locations) approached significance, being less positive in Caucasians than in East Asians ($P = .08$). When correction was made for the Caucasian group being slightly less myopic than the East Asian group, spherical aberration coefficient $C_2$ was less positive in Caucasians than in East Asians by 0.04 μm ($P = .001$). The rates of change of coma coefficients across the field were not affected by race.

CONCLUSIONS: Caucasians and East Asians had similar relative peripheral myopia, but with less positive spherical aberration coefficient in Caucasians than in East Asians. It remains to be determined whether aberrations have a role in the difference of myopia prevalence rates in different countries.

The prevalence of myopia varies considerably throughout the world, being much greater in some East Asian countries (up to 80%) than in European countries (25 to 35%).1–3 Evidence from animal4,5 and human studies6,7 has indicated a possible role of peripheral aberrations in the development and progression of myopia. East Asian myopes have greater relative peripheral hyperopia than Caucasian myopes of similar refraction8,9 (see also Fedtke C, et al. Invest Ophthalmol Vis Sci 2017;58:ARVO-ASIA e-abstract 2597143). In progressive myopes, Mutti et al.10 found that Asian children had greater relative peripheral hyperopia than African American and Hispanic children.

Racial variations in on-axis higher-order aberrations have been reported.11–14 Findings included more positive vertical coma, horizontal coma, and spherical aberration in Chinese than in Malay children,11 no differences between Chinese Asians and non-Asians for root-mean-square aberrations of third to sixth orders,12 differences between Arabs and Asians for only two fifth-order coefficients,13 and more positive spherical aberration and less positive trefoil in British Caucasians than in British Asians.14 As the relationship between peripheral higher-order aberrations and race has not been investigated, this study investigates whether peripheral aberrations differ between Caucasians and East Asian adults of similar ages.

Pope et al.15 found no effect of race on retinal shape using magnetic resonance imaging, but other studies have found differences. Verkicharla et al.16 estimated retinal shape based on partial coherence interferometry and found that East Asian eyes had steeper retinas than Caucasian eyes of similar on-axis refraction with greater differences in myopes than emmetropes. Using a combination of peripheral refraction and eye modeling to estimate the retinal shape, Logan et al.17 found nasotemporal asymmetry of retinal shape (i.e., flatter in the nasal than in the temporal retina) in East Asians. Also, as significant effects of race have been found for corneal asphericity17 and axial length of the eye,14 both of which have been implicated in the differences in peripheral higher-order aberration between refraction groups,18 it is possible that race affects peripheral higher-order aberrations.

METHODS

The study complied with the Declaration of Helsinki and was approved by the Human Ethics Committee of the Queensland University of Technology, Brisbane, Australia. Informed consent was obtained from all participants prior to any study procedures.
Peripheral aberrations of 37 right eyes were determined with a COAS-HD Hartmann-Shack aberrometer (Wavefront Sciences Inc., Albuquerque, NM), modified for peripheral measurements as described previously. There were 18 Caucasians (4 males and 14 females) aged between 18 and 25 years (mean age ± SD, 21.9 ± 2.3 years) and 19 East Asians (5 males and 14 females) aged between 18 and 28 years (21.1 ± 2.4 years). The means ± SDs for on-axis spherical equivalent refraction $M$, with-/against-the-rule astigmatism $J_{180}$, and oblique astigmatism $J_{45}$ in Caucasians were $-1.45 \pm 1.45$ diopters (D) (range, $-4.33$ to $+0.16$ D), $+0.02 \pm 0.32$ D, and $-0.05 \pm 0.20$ D, respectively. Corresponding values in East Asians were $-2.45 \pm 1.68$ D ($-5.87$ to $-0.33$ D), $+0.01 \pm 0.37$ D, and $-0.08 \pm 0.19$ D. The Caucasian group was 1.0 D less myopic than the East Asian group ($P = .06$). Age, with-/against-the-rule astigmatism, and oblique astigmatism refraction components were not significantly different between the groups ($P > .3$).

All participants had best-corrected visual acuities of 6/6 or better, were free of ocular disease, had no previous ocular surgery, did not have amblyopia or strabismus, and had no lens changes or opacities. Soft contact lens wearers did not wear their lenses for at least 24 hours before examination, whereas rigid contact lens wearers and participants who had any myopia control treatment such as orthokeratology or atropine were excluded.

Hartmann-Shack images were taken in low-light conditions for natural pupils after participants dark adapted for at least 10 minutes. The reason for dark adaptation was to allow natural pupil dilation and ensure that participants became used to the dark-background-light testing condition. Participants fixated on 38 targets one by one in a 6-row × 7-column matrix, covering $42 \times 32^\circ$ of the central visual field (not including on-axis) and located on a 310-cm distant wall. The spacings between horizontal and vertical targets were 5.9 and 5.4°, respectively. Four corner targets of the matrix were omitted to give the 38 targets. This was done to prevent any injuries to the subjects resulting from the buffed edges of the beam splitter.

A laser pointer mounted on top of the aberrometer was used to illuminate each target in turn. Two measurement images were taken for each position. Testing took approximately 40 to 60 minutes for each participant, and analysis took approximately 6 hours.

The methodology was the same as in previous studies: exporting images; analysis of Zernike coefficients up to the sixth radial order, total root-mean-square and higher-order root-mean-square aberrations for 5.0-mm pupils with allowance for the elliptical shape of the pupil during oblique viewing; calculating spherical equivalent refraction, with-/against-the-rule astigmatism and oblique astigmatism, and relative peripheral refractive error; and generating contour plots.

SPSS Statistics for Windows version 21.0 (IBM Corp., Armonk, NY) was used for statistical analysis. $P < .05$ was considered statistically significant. Shapiro-Wilk test of normality showed that all aberration coefficients across the visual field of participants in both groups were normally distributed.

Refraction components and aberration coefficients were analyzed using repeated-measures analysis of covariance (ANCOVA) with visual field position as the within-participant variable, race as the between-participant variable, and on-axis refraction as the covariate.
the covariant. For analysis of coma slopes, which were determined by linear regression for each participant for the horizontal $C_3^{-1}$ coefficient along the vertical meridian and for the horizontal coma $C_3^1$ coefficient along the horizontal meridian, repeated-measures ANCOVA was also used with coma type as the within-participant variable, race as the between-participant variable, and on-axis mean spherical equivalent refraction as the covariant. A Greenhouse-Geisser correction was applied when sphericity was violated. Similar analysis was performed to determine the influence of race on how spherical aberration changed with refraction.

**FIGURE 2.** Mean aberration coefficients in μm for (A) Caucasians and (B) Asians: (a) vertical coma, (b) horizontal coma, (c) trefoil, (d) spherical aberration, (e) higher-order root-mean-square aberration (HORMS), and (f) total root-mean-square aberration excluding defocus (total RMS). The color scales differ according to the refraction component. S, I, N, and T indicate superior, inferior, nasal, and temporal visual fields, respectively.
RESULTS

Fig. 1 shows mean refraction components across the visual field of (a) oblique astigmatism $J_{180}$, (b) relative peripheral refractive error, and (c) with/against-the-rule astigmatism $J_{180}$, for (A) Caucasians and (B) East Asians. Relative peripheral refractive error was not affected significantly by race ($P = .31$), although the Caucasians appear to have more negative (more myopic) relative peripheral refractive error (Figs. 1 Ab, Bb) than the East Asians, and there was no significant race-position interaction.

Astigmatism components of oblique astigmatism and with/against-the-rule astigmatism increased quadratically along the 135 to 315° meridian and 90 to 270° meridian, respectively, and decreased along the meridians perpendicular to these. There was no significant effect of race or any significant interaction between race and field position for either component.

Fig. 2 shows mean higher-order aberration coefficients of vertical coma, horizontal coma, trefoil, and spherical aberration, higher-order root-mean-square aberrations, and total root-mean-square aberrations excluding defocus across the visual field for Caucasians (A) and East Asians (B). Other coefficients are not shown because of their small magnitudes. On average, Caucasians showed slightly lower levels of some aberrations than East Asians, but the differences were not statistically significant for any higher-order aberration coefficient. The difference in mean vertical coma $C_{11}$ coefficient approached significance, being less positive in Caucasian eyes than in East Asian eyes (across the visual field, mean difference $\pm 95\%$ confidence intervals $= -0.056 \pm 0.065 \mu m$, $P = .08$). The higher-order root-mean-square and the total root-mean-square aberrations were unaffected by race ($P = .36$ and .70, respectively). All higher-order aberration coefficients and higher-order aberration root-mean-square and total root-mean-square aberrations were significantly affected by visual field position ($P \leq .01$), but only the trefoil coefficient $C_{33}$ (Figs. 2 Ac, Bc) had significant interaction between race and field position ($P = .03$).

Spherical aberration coefficient $C_{22}$ was analyzed further. The mean coefficient was determined for each participant across the visual field. Group mean and $95\%$ confidence intervals of $C_{22}$ were $+0.020 \pm 0.027 \mu m$ and $+0.044 \pm 0.029 \mu m$ for Caucasians and East Asians, respectively ($P = .23$). A one-way ANCOVA showed that there was no significant difference between race in the rate of change of spherical aberration coefficient with refraction ($F_{1,33} = 1.66$, $P = .21$), but the intercepts were significantly different ($F_{1,33} = 15.68$, $P < .001$). Fig. 3 shows linear regressions of spherical aberration coefficient as a function of mean on-axis refraction, with the Caucasians having an intercept $0.04 \mu m$ less positive than those of East Asians.

Further analysis of coma coefficients showed no significant effect of race on rate of change across the field ($F_{1,33} = 0.06$, $P = .94$). Table 1 shows the coma slopes for the races. The slope for $C_{11}$ along the horizontal field meridian was significantly more negative than for $C_{22}$ along the vertical field meridian (mean difference $\pm 95\%$ confidence intervals $= -0.003 \pm 0.002 \mu m/deg$, $P = .001$). Coma slopes did not have a significant correlation with on-axis refraction ($P \geq .40$).

DISCUSSION

Previous studies have found differences between races for on-axis higher-order aberrations, but there has not been a comparison between Caucasians and East Asians for either on-axis or peripheral aberrations. This study provided information on aberrations in young adult Caucasians and East Asians across the central $42^\circ \times 32^\circ$ visual field. There was a tendency for the relative peripheral refraction to be more negative for the Caucasian group than for the East Asian group, and this was most obvious along the temporal-nasal visual field. This may be related to the East Asian group being more myopic, which is in line with previous studies that showed more relative peripheral hyperopia with increase in on-axis myopia. The hotspots of peripheral hyperopia may also be a result of the more foveal myopia in East Asians. The asymmetry in relative peripheral refractive error along the temporal-nasal visual field for East Asian eyes may be related to Logan and colleagues finding of asymmetry in the retinal shape in East Asians along the horizontal field. Another study found more relative peripheral hyperopia in the temporal visual field for East Asians, suggesting a less oblate retinal shape in East Asian eyes than in Caucasian eyes. The difference in higher-order aberration coefficient of vertical coma $C_{11}$ approached significance, with the Caucasian eyes having less positive values than the East Asian eyes (mean difference, $-0.06 \mu m$).

### TABLE 1. Rates of change of coma coefficients with field angle in Caucasians and East Asians

<table>
<thead>
<tr>
<th>Race</th>
<th>Vertical coma coefficient ($C_{11}$) slope ($\mu m$/deg)</th>
<th>Horizontal coma coefficient ($C_{22}$) slope ($\mu m$/deg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasians</td>
<td>$-0.003 \pm 0.004$</td>
<td>$-0.007 \pm 0.002$</td>
</tr>
<tr>
<td>East Asians</td>
<td>$-0.004 \pm 0.005$</td>
<td>$-0.006 \pm 0.002$</td>
</tr>
</tbody>
</table>

Errors are $\pm 95\%$ confidence intervals.
The Caucasian group was 1 D less myopic than the East Asian group. Our previous peripheral aberration studies have found spherical aberration, averaged across the field, to become more positive as refraction becomes more positive at approximately 0.01 mm/D\(^2\),\(^{2,22}\) and 0.02 mm/D\(^2\),\(^{24}\) and a large-scale on-axis study found that spherical aberration becomes more positive as refraction becomes more positive.\(^{2.25}\) Taking the differences in refraction of the groups into account, as was done in the ANCOVA analysis, showed the Caucasian group to have less positive spherical aberration than the East Asian group by approximately 0.04 μm. This is shown in Fig. 3, where there is a higher intercept of the regression line, between spherical aberration and mean on-axis refraction, for East Asians than Caucasians. Corneal asphericity was a determinant of spherical aberration differences between refraction groups in a previous study.\(^{18}\) Fuller and Alperin\(^{17}\) found differences in corneal asphericity between African Americans and Caucasians, but Verkicharla et al.\(^{16}\) did not find differences between East Asians and Caucasians. Biomechanical influences, such as eyelid pressure, are possible causes of racial differences in higher-order aberrations.

Because the participants in this study consisted mainly of Australian-born young adults, it is possible that results may not be representative of all East Asian and Caucasian eyes. Another limitation of this study was the small sample size, which decreased the statistical power to find subtle differences in aberration coefficients between racial groups.

In summary, spherical aberration coefficient was less positive in Caucasians than in East Asians. There was a difference in vertical coma coefficient, being less positive in Caucasians than in East Asians, which approached significance. It remains to be determined whether aberrations have a role in the difference of myopia prevalence rates in different countries.
Airdrie Eyecare
Position: Dispensing Optician. Airdrie Eyecare Centre is looking to add an experienced optician to their team. There are part-time and full-time positions available. The shifts are flexible with limited evening hours and no Sundays. They offer a fun, rewarding atmosphere for their fast paced office. If you are an enthusiastic, motivated, team orientated applicant, please email your resume. Contact: Dr. Jared Long Phone: (403) 912-0999 Email: drjaredlong@gmail.com

Century Vision Care
Position: Licensed Optician. Century Vision Care is searching for a full time/part time licensed optician to join their fantastic team. They are located in the growing community of Century Park in South Edmonton. Their clinic prides itself in providing the best patient care experience by utilizing advanced diagnostic equipment and offering exceptional optical lens and frames options. Please forward resumes to cvcedmonton@gmail.com

Emerald Hills Eye Care
Position: Licensed Optician. Emerald Hills Eye Care is Sherwood Park’s newest eye care facility. They use the latest technology and lenses to provide the highest quality eye wear to their patients. They are looking for an optician to join their team. Part time hours are available including evenings and Saturdays, with potential for full time hours in the near future. Licensed opticians are preferred, but they are willing to train the appropriate candidate. Students are welcome. They have a fully equipped lab on site and edging experience is beneficial. Contact: Jonathan Akle, Phone: (780) 233-6024 Email: drjakle@outlook.com

Eye on Evanston
Position: Dispensing Optician. Eye On Evanston is looking for a full time Dispensing Optician to join their team in NW Calgary. They are conveniently located in Calgary, Alberta and service Evanston, Creekside, Kincora, Hidden Valley, Hanson Ranch, Panorama Hills, Nolan Hills, Sherwood, and Keystone Hills. The staff at Eye on Evanston focuses on providing quality eye care services and vision care products for their customers. Contact: Dr. Khan Phone: (403) 457-9669 Fax :(403) 457-9668 Email: eyeonevanston1@gmail.com

Optistar EyeCare
Position: Dispensing Optician. Optistar EyeCare Skyview in Calgary is looking for a Dispensing Optician to join their team! Optistar EyeCare is looking for a detail orientated individual who is able to multi-task. Previous Optical experience is considered an asset. The right candidate will have exceptional customer service skills and be able to work in a team environment. Contact: Baldev Jammu Phone:(403) 827-7723 Email: bsjammu23@yahoo.ca

Second Specs
Position: Licensed Optician. Second Specs is a busy Dispensing Optical business looking for a full time Optician. Second Specs is a locally owned business that is growing fast and needs leaders. With flexible hours and a fun work environment, Second Specs is leading the way for a great work and lifestyle balance. Several locations available throughout Edmonton, St. Albert and Sherwood Park. Kindly apply by email only. Email: secondspecshr@gmail.com Website: https://www.secondspecs.com/

The Brass Monocle
Position: Dispensing Optician. They would prefer someone with optical experience, however would be willing to train the right person. Brass Monocle offer an excellent wage with benefits, and a great team environment. Please email your resume and cover letter with attention to Carla. Email: mountroyal@brassmonocle.com
Publications are submitted to the Eighth Line as a brief summary of sanctions ordered by the Hearing Tribunal of the ACAO.

**ACAO Member - License Number: #1343**
A Hearing Tribunal made several findings of unprofessional conduct against member license #1343, disposed of patients’ records; failed to ensure claims made to third party insurance carriers were accurate statements of services rendered to clients; upon notification of an audit, disposed of records and invoices contained in patients’ records; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; failed to display their practice permit at the location of their practice. The Hearing Tribunal accepted the Agreed Statement of Facts including an acknowledgement of unprofessional conduct and joint submission on proposed sanctions. The administered sanctions included reprimand, remediation, suspension, fines and cost recovery. The Tribunal further directed that a copy of the written decision be sent to the Solicitor General for review.

**ACAO Member - License Number: #1474**
A Hearing Tribunal made several findings of unprofessional conduct against member license #1474 who, failed to ensure claims made to third party insurance carriers were accurate statements of services rendered to clients; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; failed to supervise staff or students under their supervision adequately or at all in order to ensure claims made to third party carriers were accurate; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; and failed to display their practice permit at the location of their practice. The Hearing Tribunal accepted the Agreed Statement of Facts including an acknowledgement of unprofessional conduct and joint submission on proposed sanctions. The administered sanctions included reprimand, remediation, suspension, fines and cost recovery. The Tribunal further directed that a copy of the written decision be sent to the Solicitor General for review.

**ACAO Member - License Number: #1654**
A Hearing Tribunal made several findings of unprofessional conduct against member license #1654 who, failed to ensure claims made to third party insurance carriers were accurate statements of services rendered to clients; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; and failed to display their practice permit at the location of their practice. The Hearing Tribunal accepted the Agreed Statement of Facts including an acknowledgement of unprofessional conduct and joint submission on proposed sanctions. The administered sanctions included reprimand, remediation, and cost recovery. The Tribunal further directed that a copy of the written decision be sent to the Solicitor General for review.

**ACAO Member - License Number: #1715**
A Hearing Tribunal made several findings of unprofessional conduct against member license #1715 who, failed to ensure claims made to third party insurance carriers were accurate statements of services rendered to clients; failed to supervise staff or students under their supervision adequately or at all in order to ensure claims made to third party carriers were accurate; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; and failed to display their practice permit at the location of their practice. The Hearing Tribunal accepted the Agreed Statement of Facts including an acknowledgement of unprofessional conduct and joint submission on proposed sanctions. The administered sanctions included reprimand, remediation, suspension, fines and cost recovery. The Tribunal further directed that a copy of the written decision be sent to the Solicitor General for review.

**ACAO Member - License Number: #2100**
A Hearing Tribunal made several findings of unprofessional conduct against member license #2100 who, failed to ensure claims made to third party insurance carriers were accurate statements of services rendered to clients; performed the restricted activity of dispensing corrective lenses for the purpose of dispensing contact lenses without authorization; failed to display their practice permit at the location of their practice. The Hearing Tribunal accepted the Agreed Statement of Facts including an acknowledgement of unprofessional conduct and joint submission on proposed sanctions. The administered sanctions included reprimand, remediation, and cost recovery. The Tribunal further directed that a copy of the written decision be sent to the Solicitor General for review.
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² JJVC data on file 2017. Proportion astigmats accommodated with ACUVUE® VITA Brand Contact Lenses (sphere & toric), and prevalence potential soft CL wearers requiring correction.
⁰ Rx range -1.00DS to -4.75DS inclusive, -0.75DC to -1.50DC inclusive, and axes 180±25 and 90±15.

ACUVUE® VITA Brand Contact Lenses are indicated for vision correction as a daily wear lens with one-month recommended replacement. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from Johnson & Johnson Vision Care division of Johnson & Johnson Inc., by calling 1-800-267-5098 or by visiting acuvueprofessional.ca.

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Complaints and Disciplines Insurance

We have all had the patient who has asked us to do something inappropriate. We know that common practice among most of our members is to refuse to be involved in indiscretions.

We know that all of our members know that it is wrong to back date a receipt or make it look like the daughter of the patient got the glasses and not their neighbour. We know it is wrong to say something was prescription and not plano sunglass. We know that it is wrong to bill the insurance company more than the glasses cost and put the balance on account for next time.

What if we did it anyways? What if we justified with “plano is a prescription” or “big insurance companies won’t miss the few dollars involved” or “it’s their money, they deserve it”.

What if…

Recently, members were charged with some of the things above and they found out what could happen. These members went before the Hearing Tribunal, of the College and were found guilty. Sanctions included fines, remediation, suspensions and costs of the investigation and the hearing.

At the instruction of the Hearing Tribunal the Attorney General has been informed as is required by the Health Professions Act. She must now decide if criminal charges are pending.

Take a look in the mirror today. Do you see a professional or do you see relief that it was not you that was caught? We want to be sure that those who thought it was okay before have now heard loud and clear that it is not okay under any circumstances.

What about the patient who takes your lawful receipt and changes it or otherwise uses it for illegal purposes? We do not hold you responsible for what happens once the receipt leaves your hands. You are responsible to issue accurate receipts and for any information that is submitted on behalf of the patient.

What if the patient returns the product for credit once the insurance company has paid for it? Does the money go back to the patient or back to the insurance company or can you keep the credit on file for the future? If the product has been billed through you to the insurance company for you to be paid, any reimbursement would go back to the insurance company.

If you are unsure what is allowed in a given situation, do not hesitate to call and speak to the practice advisor or the registrar about your question. We can help you see your way clear to best practice.

Respectfully Submitted,

Maureen Hussey, RO, RCLP
Executive Director / Registrar
Registrar Changes

Provisional Eyeglass
Jennifer Dennhardt 2699 February 28, 2018

New Eyeglass
Erica Abadiano 2312 February 28, 2018
Caitlin Comstock 2424 February 28, 2018
Alia Halat 2437 February 28, 2018
Dakota Lewis 2346 February 28, 2018
Krysta Betz 2473 February 28, 2018
Helen Lynch 2521 February 28, 2018
Hilary Noble 2043 February 28, 2018
Syeda Rizvi 2247 February 28, 2018
Lorelie Whelan 2485 February 28, 2018
Satwinder Marar 2626 February 28, 2018
Inderjeet Singh 2627 February 28, 2018

New Contact Lens
Joel Somers 2387 February 28, 2018

Reinstated
Jaspreet Binning-Pandya 1784 Jan 17, 2018
Deborah Dunitz-Beechey 1880 Feb 7, 2018
Suzanne Stybel 1263 Feb 21, 2018

Suspended From Practice
Levi Osuagwu Uchechukwu 1594 Jan 18, 2018

Change to Non-Practicing
Kendra Jensen 1471 January 1, 2018
Cherie Jiang 2031 January 1, 2018
Kristy Gale 1724 January 1, 2018
Linda Black 570 January 11, 2018
Cassandra Payne 1399 January 17, 2018
Nancy McKay 1385 January 18, 2018

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Gene Kerns, RO, RCLP, Lic. 1572
I am seeking re-election to the Board of Directors of the Alberta College and Association of Opticians. It has been my honor to serve as your representative on the Regulatory Committee. We have been very committed to the reworking of the Standards of Practice. This task is almost completed and I believe it gives opticians a great foundation by which we can all understand and support. I have also served on the Quality Assurance Committee, of which the redesign of our competencies education program is being brought forward to a very workable self assessment program. The future of Opticianry in Alberta is exciting! I ask for your support at the AGM in May. optician profession.

Scott Smith, RO, RCLP, Lic. 714
Hello, my name is Scott Smith. I have been in the optical industry for 34 years. I have served on the board of directors, on and off for many years, both under the Opticians Act as well as the Health Professions Act. I am a past president and vice president of the Alberta College and Association of Opticians as well as the national Representative for the Opticians Association of Canada. I have nationally examined for 14 years and I want to use my background of knowledge to serve opticians in Alberta as a catalyst to improve the optical profession in the years to come. To further opticians and contact lens practitioners, we worked hard to maintain the impact that we have in the industry. We are at another critical period in our profession where need to address some of the outside pressures of our regulated profession. I will work hard to maintain and expand the future of our career paths and career options.

Udo Hanebaum, RO, RCLP, Lic. 576
I have been an optician for nearly 30 years. My experience ranges from working in small retail offices, ophthalmological clinics, to big box stores. I also have experience as a research optician for a contact lens manufacturer. For the past 20+ years I have been an instructor for the Optical Sciences program at NAIT. For the last five years I have Chaired two committees for the Opticians association, the disciplinary and negotiations committees. I am passionate about promoting professionalism and education for our profession. I would like to serve as a Board Member because I hope that I can contribute to the continued growth of our profession that has treated me so well over the years.

Janet Sochatsky, RO, Lic. 848
I started in the Optical industry in 1989 at LensCrafters in West Edmonton Mall. After completing the NAIT Optical program, I received my license in 1992. Over the years I worked for both large chain stores and small independent offices. In May of 2002 I opened my own optical store, Trendz Optical, celebrating 16 years in business this year. When the College of Opticians launched a new Vision Screening program and they were looking for people to join, I thought this would be a great addition to what I am already doing, actually even better, as we were screening children as well. I am married with children, my son is 20 and my daughter is 15. The reason that I would like to run for ACAO council is to learn more about our College and help expand our profession while educating the public and government about our role as Opticians and the importance of our profession.

Neal Philpott, RO, Lic. 1605
I started in the optical Industry as an Optical technician, attending City and East London University in England, where I did a two-year optical technician course. From there I went on to get my dispensing optician diploma in England. After working a few different jobs from High fashion stores in Central London to Discount optical stores, I decided to open my own lab, followed then by two Optical stores. I sold up and moved to Canada. I have been in Alberta for 10 years, I am currently running my own optical store. I would like to use my many years of experience to help others in the Industry go on to gain a good career in this Industry. I believe the contact lens rules here in Alberta should be changed allowing Opticians to sell contact lenses from a prescription, I also believe if we are to remain a regulated profession, only Opticians should sell and dispense glasses that includes those working in an office owned by an optical Doctor. It should be possible for any Optician to get training to gain a contact lens license, not just those lucky enough to work with a licensed contact lens optician. If we do not move forward with some new thinking this profession will slowly disappear, there are so many opportunities for a licensed optician to have a good career, lets put us first!

Rick Miller, RO, RCLP, Lic. 535
My name is Rick Miller, I have been a refracting optician, contact lens fitter, and ophthalmic assistant, in Alberta for the past twenty nine years. During that time I have worked in chain stores, box stores, in an ophthalmologist’s practice, and as an independent. I have served as a director on the ACAO for ten years. I am as passionate as ever about the concerns of Opticians and hope to serve as your representative on the board.
Date: May 6, 2018
Where: Chateau Louis & Conference Centre - Edmonton, AB
Registration: Register Online: acao.ca and go to the Login/MyACAOProfile
Registration Deadline: May 1, 2018
Fee: $ 126.00 (includes GST)
Breakfast & Lunch Provided: Please notify the office of any dietary restrictions.
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