

Optimum VA

NAVAO Newsletter

Winter 2006

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President's Report

Gay Tokumaru, OD

Greetings! As December and the American Academy of Optometry approaches, I look forward to seeing all of you at the NAVAO Annual meeting. As I was unexpectedly unable to attend last year, I am particularly excited about having the opportunity to see old friends as well as new faces.

As I know you are all deluged with e-mails, I will try to keep this brief. As we forge ahead into the internet age, the NAVAO officers have found that our Constitution and bylaws have become somewhat inaccurate in the way we carry out our business. In addition, some of these bylaws, which were perfectly acceptable when we were a very small organization, have become archaic and somewhat unwieldy as our organization has rapidly expanded in size.

Hence the Executive Board of NAVAO recently met via conference call and recommended updates to the Constitution and bylaws. These need to be voted upon by the membership at the business meeting in December.

Therefore, it is very important that you come to the business meeting to vote on these proposed changes.

In summary, these proposed changes are as follows:

- 1) Changes in language that reflect the fact that most of our business is now being done via the internet and our website, rather than involving snail mail/mailling
- 2) Changes in language that allow us to use our web company to accept online payment of dues and for them to maintain our membership rolls and information – this should considerably reduce some of the confusion that has arisen in the past with checks that weren't logged, etc.
- 3) A clarification of when dues are to be paid, late fees, as well as that resident membership is for the academic rather than the calendar year
- 4) An increase in dues from \$40 to \$50 – our first dues increase in 10 years! This is primarily for the increased cost of services provided by our webmaster.

For your convenience I have included a [copy of the entire Constitution and bylaws](#) – the proposed changes have been highlighted in **yellow**.

[More](#)

Finally, I hope you are making plans to attend the NAVAIO dinner. This year we continue to have the generous support of Alcon, and are privileged to have as our guest speaker the Acting Under Secretary for Health, Michael J. Kussman, M.D., M.S., M.A.C.P. If you have any questions about attending the dinner, please e-mail Minna Huang at: minna.huang@va.gov.

See you in Denver!

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NAVAIO Constitution and Bylaws With Proposed Changes

National Association of VA Optometrists Constitution December, 1997

We, Doctors of Optometry, who are members of the medical staff at the Department of Veterans Affairs (VA) Medical Centers, Hospitals, Outpatient Clinics, Blind Rehabilitation Centers, or Extended Care Centers, or who have an interest in VA optometry programs, in order to achieve our mutual goals of encouraging and promoting the best possible primary eye and vision care for our nation's veterans and promoting the education, training, professional growth, and welfare of optometric staff, residents, and students, do ordain and establish this Constitution.

Article I

The name of this non-profit organization shall be the National Association of VA Optometrists (NAVAIO), hereinafter referred to as the Association.

Article II

Membership: Any VA staff, attending, or consultant optometrist, or any other optometrist having an interest in VA optometry shall be eligible for membership in the NAVAIO with all its benefits, rights, privileges, and duties as provided in the By-Laws. VA residents shall be also eligible for membership but without voting rights and may not run for an elected office. Of the members in good standing, hereinafter referred to as Members, those present at a business meeting shall form a quorum. Membership dues shall be specified in the By-Laws.

Article III

Management:

Section I:

Management of the business of the Association shall be vested in its Executive Committee. The Executive Committee shall consist of the President, Vice-President, Secretary, Treasurer, and Immediate Past President. The Executive

Committee, with the assistance of the Association's officers (hereinafter referred to as the Board), other standing committees as provided in the By-Laws, and special committees appointed by the President or by a quorum majority of the Board, shall study and act upon particular topics and/or issues of interest to the Association.

Section II:

The Board will consist of the following members:

President

Vice President

Secretary

Treasurer

Immediate Past President

Membership Director

Newsletter Editor

Members at Large (up to three)

American Optometric Association (AOA) Representative (Ex-Officio)

American Academy of Optometry (AAO) Representative (Ex-Officio)

Section III:

The President and Vice-President must be full-time members at a VA facility which offers direct patient care. The President, Vice-President, Secretary, and Treasurer will be elected biennially as provided in the By-Laws. The Membership Director, Newsletter Editor, and Members-at-Large will be appointed (and may be terminated) by the President. The AOA and AAO Representatives are appointed by their respective executive committees at the request of the Board. All Board members shall serve two consecutive calendar years. Re-election or reappointment to the same or other Board position is allowable; however, a Board member may not hold more than one position simultaneously. A quorum of the Board is a majority of its members.

Section IV:

In order to preserve the dignity and the integrity of the Association, the Board, by majority vote of its members, may remove from office any elected official. In the following order of succession, the Vice-President, Secretary, and Treasurer will assume the office of the Presidency for the remainder of the term in the event of vacancy due to resignation, illness, or death. In the event of such vacancy of the other elected offices, the President shall appoint a replacement member for the remainder of the term.

Article IV

Duties of Officers

Section I:

President. It shall be the duty of the President to direct the business of the Association, to call together and preside at all meetings of the Executive Committee or Board, to call and preside at an annual meeting of Members of the

Association, and to see that the Constitution and By-Laws are enforced. The President is an ex-officio member of all standing and special committees. The President shall serve as the official representative of this Association in its contacts with other optometric, public, and private organizations. He or she may serve a maximum of two consecutive terms of this office.

Section II:

Vice-President. The Vice-President shall act as an alter-ego to the President and shall assume all the duties and responsibilities of the President during his or her absence. The Vice-President will serve as an ex-officio member of all standing committees and selected special committees, according to the wishes of the President. The Vice-President may serve a maximum of two consecutive terms of this office.

Section III:

Secretary. The Secretary shall transcribe the minutes and record the roll of the annual meeting and will carry out the correspondence of the Association as determined by the President. The Secretary shall also transcribe the minutes of the monthly VA Optometry Service conference calls and distribute them to the Members. He or she may serve an indefinite number of terms.

Section IV:

Treasurer. The Treasurer shall receive all monies paid to the Association and keep an accurate account of all funds received and disbursed for official activities. The Treasurer shall make a verbal and written report of all financial matters to the membership at the annual meeting. The Treasurer is the chair of the Finance Committee. He or she may serve an indefinite number of terms.

Section V:

Membership Director. The Membership Director will serve as the liaison with the Office of the Director, VA Optometry Service. In this capacity he or she will receive notification and contact information for those individuals newly hired for positions as optometrists within VHA. The Membership Director welcomes the new Members to VA Optometry and NAVAO and provides them with information regarding VA Optometry and NAVAO. The Membership Director is the chair of the Membership Committee.

Section VI:

Newsletter Editor. For the purpose of maintaining a formal communications link with the membership, the Newsletter Editor is responsible for publishing an informative newsletter at least four times a year and more frequently if directed by the President. Co-editors may be appointed to fulfill this task.

Section VII:

Immediate Past President. The Immediate Past President will continue on the Board for the purpose of providing guidance based upon previous experience with Association activities.

Section VIII:

American Optometric Association Representative (Ex-Officio). Upon request by the Board, a representative of the AOA will be named to a two-year (renewable) term as a non-voting member of the Board. This person will serve as liaison to the AOA Board of Trustees.

Section XI:

American Academy of Optometry Representative (Ex-Officio). Upon request by the Board, a representative of the AAO will be named to a two-year (renewable) term as a non-voting member of the Board. This person will serve as liaison to the AAO Executive Council.

Section X:

Members-at-Large. Up to three Members-at-Large may be appointed by the President to assist the Board in governing the organization.

Article V

Amendments: This Constitution may be amended by the affirmative vote of two-thirds of a quorum of Members at the annual meeting. In order to be put to a vote, proposed amendments must be submitted to the President 120 days prior to the annual meeting either with a request for approval by a two-thirds majority of the Board or with an attached endorsement signed by one-fourth of the Members. Acceptable proposals will then be submitted to the Newsletter for publication in an issue preceding the annual meeting. Adopted amendments shall become effective immediately and written notification will be given to all Members via the next Newsletter edition.

Article VI

Dissolution: Dissolution of this Association may be effected upon the submission of a written request signed by two-thirds of the Members, which sets forth the reason(s) for such action. After the Board has settled any outstanding indebtedness, any remaining funds in the treasury shall be donated to a non-profit national optometric organization as determined by a quorum majority of the Board.

Article VII

By-Laws: By-Laws pertinent to this Constitution shall be formulated and adopted by the affirmative vote of two-thirds of a quorum of Members and are amendable.

By-Laws December, 1990 Amended December, 1992

Article I

Section I:

Membership. To establish and maintain membership in good standing and to be entitled to all the benefits, rights (including voting rights), privileges, and duties of the Association, annual dues are to be submitted to the Treasurer or his/her designee ~~in~~ by January 31 of each year for general members and by August 31 of each year for optometric resident members. There will be a \$5 late fee for dues received after this date for general members. Dues will not be accepted for the current calendar year after August 31; dues received after August 31 will be applied to the following calendar year. Dues will not be accepted at the annual business meeting or banquet. Membership may be terminated by quorum majority vote of the Board for failure to pay dues or by a two-thirds vote of a quorum of Members for just cause. The Treasurer or his/her designee will ensure that a financial statement is sent to each Member. All newly hired VA optometrists will be provided free membership in the Association for the calendar year in which their employment at the VA commenced. All Members will receive a Membership Certificate when they initially join the Association.

The membership year of the Association will be January 1 through December 31. The membership year for optometric residents will be July 1 through June 30.

Section II:

Honorary Membership. Honorary membership may be granted by a quorum majority vote of the Board and following two-thirds confirmation of a quorum of Members. Honorary members shall not be charged dues.

Article II

Dues: The annual dues for membership shall be ~~\$40.00~~ \$50.00 for all Members except for optometric residents who shall owe \$25.00. There will be no initiation fee. ~~When an optometrist's application for membership is received after June 30th and he/she has not been a Member of the Association during the three most recent years, the dues obligation for the remainder of that calendar year shall be one half the regular dues.~~ Dues payments accepted after January 31 and prior to September 1 of each year shall be assessed a \$5 late fee. The fiscal year of the Association will be January 1 through December 31.

Article III

Duties of the Board: The Board will assist the President in the governing of the Association and will carry out duties as outlined in the Constitution and these By-Laws. At the request of the President, the Board will convene either face-to-face at the annual meeting which is held during the AAO annual meeting or via telephone conference calls at any time for justified reasons. At the request of a consortium of three or more Board members, the President must call a meeting of the Board to enable them to carry out functions consistent with their defined duties.

Article IV

Standing Committees: The following standing committees, with the exception of the Executive Committee, shall have its members appointed from the membership by the President and will be specifically assigned duties by and shall report to the Board periodically as determined by the President or a quorum majority of the Board. The Board shall be empowered to remove from committee by quorum majority vote any committee member for such cause as will preserve the dignity and integrity of the Association.

Section I.

The Executive Committee. The Executive Committee shall be advisory to the President on all policy matters of the Association. A majority of the committee must approve all expenditures of funds greater than \$250.00.

Section II.

The Finance Committee. The Finance Committee monitors funds and assists the Treasurer in the collection and disbursement of funds. The committee also projects future financial demands and sources for the Association.

Section III.

Membership Committee: The Membership Committee recommends means for membership retention and growth and monitors pertinent data regarding the Members. The Membership Director will serve as committee chair and will compile data for the Association Directory, typically to contain VA addresses, FAX and telephone numbers (FTS and commercial), and at the discretion of the individual members, home phone numbers and addresses. The committee will distribute orientation packages to new VA optometrists.

Section IV.

Professional Relations Committee. The Professional Relations Committee monitors matters pertinent to the Association relative to the AOA (including the Council on Optometric Education, Council on Clinical Optometric Care, Armed Forces Optometric Society), AAO, the Association of Schools and Colleges of Optometry (ASCO), and other professional groups. Specific committee members will serve as liaison to each organization.

Section V.

Residency Committee. The Residency Committee is charged with promotion of residency programs and to keep the Board abreast of issues pertinent to the residency system including issues related to the AOA Council on Optometric Education.

Article V

Nomination and Election Process: The President will call for nominations by August of every odd-numbered year. Nominations may come from any Member for him or herself or for another Member. Nominations are closed thirty days after the call for nominations. The individuals receiving the most and second-most number of nominations for each office will be contacted by the teller of ballots (an individual selected by the Immediate Past President) and those who wish to run will be given an opportunity to submit a brief profile and statement for publication prior to the election. An individual may run for only one office in an election. Balloting will be performed electronically. Results shall be reported to the teller of ballots, votes will remain confidential. Candidates receiving a plurality for each office will be declared the winner. Election results will be formally announced at the annual meeting. In the event of tie, a runoff will take place at the annual meeting.

Article VI

Parliamentary Authority: Robert's Rules of Order shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with the established Constitution or By-Laws.

Article VII

Newsletter: A quarterly newsletter, entitled "OPTIMUM VA", will be electronically distributed to all Members at no charge. The Newsletter Editor may call upon any VA or non-VA source for relevant material to be published. He or she may also accept letters to the editor for publication from any VA or non-VA source provided the material received is in good taste without libel. Other mailings throughout the year may be authorized by the President.

Article VIII

Amendments: These By-laws may be amended by the affirmative vote of two-thirds of a quorum of Members.

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New Travatan Formula Hits the Market

FDA) has approved TRAVATAN(R) Z (travoprost ophthalmic solution) 0.004% for the reduction of elevated intraocular pressure (IOP) in patients with

open-angle glaucoma or ocular hypertension, who are intolerant of or insufficiently responsive to other intraocular pressure lowering medications. TRAVATAN(R) Z is a new formulation that eliminates benzalkonium chloride (BAK) from Alcon's existing TRAVATAN(R) solution and replaces BAK with SOFZIA(TM), a robust ionic buffered preservative system that is gentle to the ocular surface. Alcon developed this BAK-free version of TRAVATAN(R) because long-term use of topical solutions containing BAK may compromise the ocular surface and exacerbate conditions such as dry eye.

<http://invest.alconinc.com/phoenix.zhtml?c=130946&p=irol-newsArticle&ID=908154&highlight=>

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Will Add More Non-prescription Options

Novartis Pharmaceuticals Corporation today announced that the U.S. Food and Drug Administration (FDA) has approved prescription Zaditor(R) (ketotifen fumarate ophthalmic solution 0.025%), indicated for the temporary prevention of itchy eyes due to allergic conjunctivitis, for OTC use.

"The availability of Zaditor without a prescription greatly improves treatment options for eye itch sufferers," said Jane MacEnroe, MD, Associate Director, Medical Information and Communication, Novartis Ophthalmics. "For the first time, patients can get lasting relief over-the-counter without worrying about potential side-effects associated with long-term use of topical decongestants found in other OTC eye itch drops."

Zaditor will be available over-the-counter in drug and chain stores nationwide beginning January 2007. It has a suggested retail price of \$14.99 for a 30-day supply. In clinical studies, Zaditor was well tolerated and any side effects are generally mild.

<http://www.medicalnewstoday.com/medicalnews.php?newsid=54708>

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Not Beneficial, Study Says

An extensive NIH-supported study has found that low-intensity laser treatment, thought to be possibly beneficial in slowing or preventing the loss of vision from age-related macular degeneration (AMD), is ineffective in preventing complications of AMD or loss of vision. This is the major conclusion of the Complications of Age-Related Macular Degeneration Prevention Trial (CAPT), a research study of more than 1,000 people that will be published in the November 2006 issue of the journal Ophthalmology. The study was supported by grants from the National Eye Institute (NEI) of the National Institutes of Health (NIH).

<http://www.nei.nih.gov/news/pressreleases/110106.asp>

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Single-dose Azithromycin Prevents Recurrence After Trichiasis Surgery

Trichiasis recurrence following surgery is a serious problem for trachoma programs. These researchers attempted to determine if postoperative treatment with azithromycin compared with topical tetracycline reduced recurrence up to 1 year, and if azithromycin treatment of household members provides additional benefit compared with treating only the surgical patient.

A randomized, single-masked, clinical trial was conducted in Ethiopia. A total of 1452 patients with trichiasis were randomized 1:1:1 to the following 3 arms: single-dose (1 g) oral azithromycin alone, single-dose azithromycin for household members (20 mg/kg up to 1 g) plus the patient, or topical tetracycline (twice per day for 6 weeks).

The authors found that the combined azithromycin groups had significantly fewer recurrences, 6.9 of 100 person-years overall, compared with topical tetracycline, 10.3 of 100 person-years ($P = .047$). There was no additional reduction in the arm that also treated household members, 8.1 of 100 person-years, compared with treating the surgical patients alone, 5.8 of 100 person-years ($P = .19$).

<http://archophth.ama-assn.org/cgi/content/abstract/124/3/309/>

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Tobacco, Not Smoking, Linked to Cataracts

Researchers from India attempted to study the influence of tobacco use on cataract formation in a rural South Indian population. 3924 subjects from the Chennai Glaucoma Study conducted in rural south India underwent a comprehensive eye examination, including Lens Opacities Classification System II grading. Information on tobacco use, type of tobacco (smoking and smokeless), duration and quantity of use was collected. No significant association was noted between smoking and any particular type of cataract. Smokeless tobacco use was found to be significantly associated with nuclear cataract even after adjusting for age and sex.

<http://bjo.bmjournals.com/cgi/content/abstract/90/11/1374>

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Cataracts a Cause for Decreased RNFL

As the name applies, Optical Coherence Tomography (OCT) relies on a clear optical system to obtain reliable data. These researchers investigated whether retinal nerve fiber layer (RNFL) thickness, as measured by OCT, is influenced by pupil size and cataract.

RNFL thickness was measured by means of Stratus OCT (RNFL Thickness 3.4 acquisition protocol) in a group of consecutive patients undergoing phacoemulsification and intraocular lens implantation. Measurements were taken preoperatively without pupil dilation (PR1), preoperatively with pupil dilation (PR2), and 1 month postoperatively without pupil dilation.

They found that while pupil size only marginally affects RNFL measurements performed by Stratus OCT, the presence and degree of cataract seem to have a significant impact. This effect should be taken in consideration when using this technology for the diagnosis of glaucoma and other neuro-ophthalmologic disorders possibly affecting the RNFL.

<http://glaucomajournal.com/pt/re/jglaucoma/abstract.00061198-200608000-00011.htm;jsessionid=FLbZxnhZCKyc0hLvjnJB6nY4Yf7Dq1Rqp6G8GT73JL1jh27vy572!-21257958!-949856144!8091!-1>

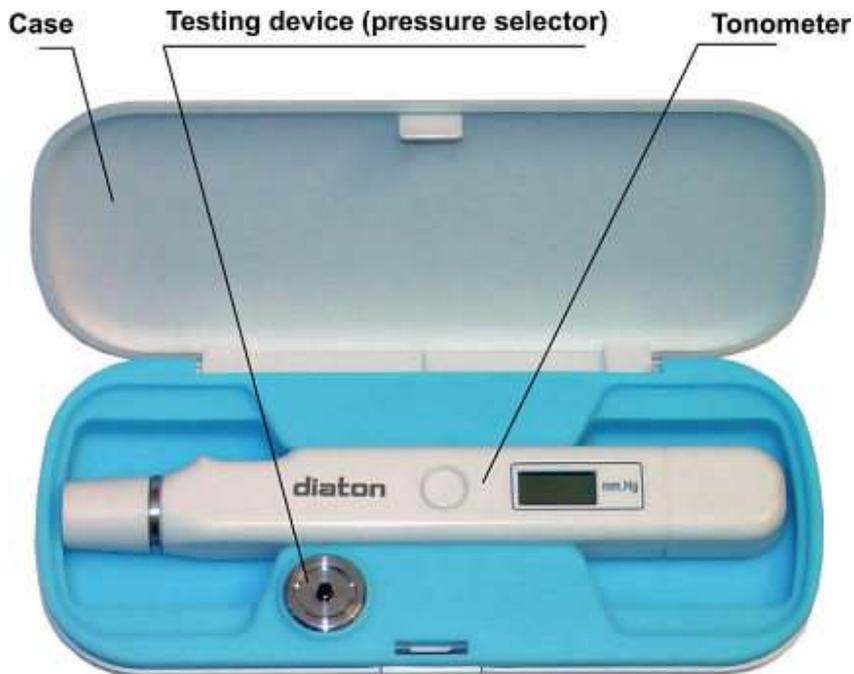
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Effective and Irreplaceable in Various Situations, Company Says

Diaton, a transpalpebral tonometer device, has recently received FDA approval. According to the manufacturer, the tonometer's usage indications are the following:

- screening prophylactic mass examinations of the patients;
- IOP control during clinical observation of the patients suffered from glaucoma;
- ortoclinostatical probe, as an additional test during glaucoma diagnostics and during selection of adequate hypo-tensive therapy;
- ophthalmotone day monitoring (especially at night time);
- IOP measuring during contact correction (lenses are not taken out),
- IOP measuring in immobilized patients;
- IOP measuring in children.
- in the presence in patient of chronical conjunctivitis, cornea pathology, including keratitis, keratone, cornea dimness, after penetrating keratoplastics, keratoprosthesis, laser refractive correction of the eyesight, high degree of ametropy, astigmatism;
- presence in patient of medicinal allergy





Refer to the operations [manual](#) for more detailed information.

<http://www.tonometerdiaton.com/>

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FDA Requests Additional Trial

Lilly has announced that the FDA is requiring an additional clinical trial before Ruboxistaurin can be approved for the treatment of diabetic retinopathy. The company is weighing options for the further development of ruboxistaurin mesylate in light of a request by the Food and Drug Administration (FDA) for an additional, three-year, Phase 3 clinical trial. The FDA said it wants additional efficacy data before it will consider approving the molecule for the treatment of moderate to severe nonproliferative diabetic retinopathy. Lilly believes that such a trial would require up to five years to complete. Today's announcement follows Lilly's August 18, 2006, announcement that it had received an approvable letter from the FDA.

<http://newsroom.lilly.com/ReleaseDetail.cfm?ReleaseID=212654>

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Treatment Proves Effective Even After Discontinuation

Most practitioners who treat meibomian gland dysfunction have at one time used oral agents for treatment. These researchers evaluated the clinical impact, aqueous tear parameters, and meibomian gland morphology in patients with primary meibomianitis before, during, and 3 months after a course of oral minocycline.

Sixteen patients were prospectively enrolled, 11 male and five female (mean age 69 years old). Each patient received routine clinical evaluation before, after 3 months therapy, and at 6 month study follow up visit. The clinical appearance, tear volume, flow and turnover, evaporation, Schirmer I test, meibomian gland dropout, lissamine green staining, and bacteriology were evaluated.

Researchers concluded that 3 months of oral minocycline resulted in clinical improvements in all meibomianitis signs that persisted for at least 3 months after discontinuation despite decreased aqueous tear volume and flow with increased evaporation (35–45% RH). However, there was improvement in the turbidity of secretions. Short term minocycline therapy probably has efficacy in the management of meibomianitis that extends beyond eradication of bacteria.

<http://bjournal.bmjournals.com/cgi/content/abstract/90/7/856>

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70% Less Chance, Study Says

Regular exercise may cut the risk of developing exudative age-related macular degeneration by as much as 70%, according to new findings from the Beaver Dam Eye Study. Barbara E.K. Klein, MD, and colleagues at the University of Wisconsin-Madison School of Medicine and Public Health studied the relationship between physical activity and the 15-year cumulative incidence of AMD in 3,874 participants in the Beaver Dam study. The researchers learned the regularity of participants' physical activity from baseline questionnaires.

Patients who engaged in regular physical activity three or more times a week at baseline were 70% less likely to develop exudative AMD than patients without an active lifestyle. Additionally, those who walked regularly were 30% less likely to develop the disease. Physical activity, however, was not related to the incidence of early AMD or pure geographic atrophy, according to the study.

<http://www.osnsupersite.com/view.asp?rID=19063>

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Doctors Receive Bonus If Performance Measures Attained

A certain section of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires the Secretary to establish a pay-for-performance 3-year pilot with physicians to promote the adoption and use of health information technology to improve the quality of patient care for chronically

ill Medicare patients. Doctors in small to medium sized practices who meet clinical performance measure standards will receive a bonus payment for managing the care of eligible Medicare beneficiaries. The demonstration will be implemented in California, Arkansas, Massachusetts and Utah.

The clinical quality measures will cover three diseases: Diabetes, heart failure, and coronary artery disease. There is also a Preventive Care measure that will include blood pressure measurement, breast cancer screening, colorectal cancer screening, influenza vaccination, and pneumonia vaccination. Included in the diabetes control measure is an eye exam.

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2038>

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Help Keep Us Informed

Please don't hesitate to submit news and notes to the Optimum VA. The more you submit, the better our newsletter will be. Such information may include:

-  Letters to the editor
-  Case reports
-  Photos
-  Article abstracts (include publication information)
-  Upcoming events (CE, meetings, etc.)
-  Personal accomplishments
-  Internet links

*** Feel free to submit at any time by clicking the link [Contact Optimum VA](#) which is also located on the front page in the Editor's Box. Submission and publication dates are listed below.**

**** Residents and students are also encouraged to submit.**

Issue	Submissions Due	Publication Date
Winter	December 15	January 1
Spring	March 15	April 1
Summer	June 15	July 1
Fall	September 15	October 1

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[Australasian College of Behavioural Optometrists \(ACBO\)](#)

[Bradford, University of, Department of Optometry \(UK\)](#)

[Brazilian Optometry Association](#)

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[College of Optometrists - UK](#)

[Eye Health Council of Canada](#)

[Hong Kong Polytechnic University Optometry Section \(PRC\)](#)

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