2023 Eastern Regional Orthoptic Meeting Program

May 18-20, 2023
Johns Hopkins Hospital
Baltimore, MD
MAY 18-20, 2023
AACO EASTERN REGIONAL MEETING

Welcome!
We look forward to a wonderful meeting and are proud to be your hosts in the historic Johns Hopkins Hospital. And although this is a regional meeting, physicians and orthoptists from across the United States have come to speak to you about their clinical experiences and academic research. Please take a few minutes to visit with our sponsors to check out their products and thank them for their generous support of our meeting, the AACO, and the profession of orthoptics – Alex & Jana

Meeting at a Glance

Thursday May 18, 2023
Registration 11:00 am
Meeting 1:00-5:00 pm
Social 6:30-9:30 pm

Friday May 19, 2023
Registration 7:30-8:30 am
Meeting 8:00-5:00 pm

Saturday May 20, 2023
Registration 8:00-9:00 am
Business Meeting
8:00-9:00 am
Meeting 9:00-5:00 pm

Hotel:
Courtyard Baltimore Downtown/Inner Harbor

MEETING ORGANIZERS
Jana Mattheu
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Alex Christoff
achris15@jhmi.edu

www.orthoptics.org
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Program Objectives

Target Audience

Orthoptists, orthoptic students, ophthalmic technicians with experience in pediatric or neuro-ophthalmology, pediatric and neuro-ophthalmologists, ophthalmology residents and fellows.

Course Level

Intermediate to advanced.

Overall Program Objectives

Educational Objectives: at the conclusion of the regional meeting, participants will be able to:

• Describe recent medical advances in the diagnosis, treatment, and management of conditions encountered while practicing orthoptics within the pediatric ophthalmology and adult strabismus community.
• Apply improved techniques, use methods to compare and contrast current practices, and critically review empirical clinical research in order to provide the best possible treatment options for patients with strabismus and disorders of ocular motility and binocular vision.
• Demonstrate methods of analysis and ethical treatment of patients.
• Practice orthoptics with a new-found expertise based upon new methods discussed and demonstrated.

Specific Program Objectives

To review current therapies and new advances in diagnosis and management of diseases in each area of orthoptics, pediatric ophthalmology, and strabismus with particular emphasis on the following topics:

• Adult strabismus
• Neuro Ophthalmology
• Vision Screening
• Amblyopia Treatment
• Cortical Visual Impairment
• Diplopia
Jana Mattheu is a certified ophthalmic medical technologist and has been a certified orthoptist for 29 years, presently working at the Wilmer Eye Institute here at Johns Hopkins. She trained at the University of Florida under the supervision of orthoptists Diana Shamis and Barbara Cassin and has previously hosted the AACO Eastern Regional meeting before here in Baltimore in 1996. Jana is currently the AACO Honors Committee Chair. She and her husband Jim have 2 college-aged sons and live in Bel Air, MD.

Alex Christoff has been a certified ophthalmic technician for over 30 years and has been a certified orthoptist since 2001. He trained at the University of Minnesota under the supervision of orthoptists Kim Merrill and Jane Lavoie and is the current President of the AACO. Alex’ wife Allison is a local pediatric ophthalmologist. They have 2 college-aged children and live in Towson, MD.
Johns Hopkins was born on May 19, 1795. Raised as a member of the Society of Friends (Quakers), Johns Hopkins was known as an honest man, generous to a fault, somewhat stubborn, and hard with a bargain. He transformed himself from a grocer’s helper to a millionaire banker and became Victorian Baltimore’s greatest philanthropist. Hopkins laid out a plan to use his wealth to establish a hospital that would provide care to anyone, regardless of sex, age, or race. This hospital would be named The Johns Hopkins Hospital and opened in 1889, with The Johns Hopkins University School of Medicine four years later. These events marked a new era for medical education and patient care. Johns Hopkins Medicine has a rich history rooted in philanthropy, diversity, inclusion, and a passion for innovation.
The Johns Hopkins Wilmer Eye Institute was founded in 1925 by ophthalmologist William Holland Wilmer and became the nation's first university eye clinic. Its home was completed four years later. Wilmer received an M.D. degree from the University of Virginia in 1885 and worked in New York, Washington D.C., in addition to Baltimore, where he established the institute. Alan C. Woods succeeded Wilmer as director in 1934. The third director, A. Edward Maumenee succeeded Woods in 1955. Arnall Patz, who was credited in his lifetime with saving 10,000 children from going blind from ROP after he discovered the link between elevated oxygen saturation and blinding disease, became the fourth director in 1979. Morton F. Goldberg became director in 1989. Peter J. McDonnell has been Wilmer's director since 2003. More than 100 Wilmer-trained ophthalmologists have gone on to become department chairs across the country and around the world. In the early laboratories located in the Wilmer basement, pioneering research was done in several important areas of academic medicine. Clarence Ferree and Gertrude Rand developed the Freree-Rand arc perimeter. Torsten Wiesel and David Hubel, under the leadership of Stephen Kuffler, performed neurophysiological experiments in the visual cortex that led to their Nobel Prize in Physiology of Medicine. Louise Sloan developed the Sloan optotypes and her systems for low vision rehabilitation. Gunter von Noorden developed the first primate model of amblyopia. And David Guyton developed the potential acuity meter.
Today’s Baltimore is a vibrant community that honors the past while keeping an eye (I had to say that!) on the future. The city is where you can see the largest public collection of Matisse in the world (for free!), sip a craft beer in the sanctuary of a converted church and stay in a four-star hotel poised atop an historic recreation pier. Pictured here is Fort McHenry, birthplace of the national anthem.

But the Baltimore experience is about more than exploring neighborhoods and cultural sites. To really know this place, you must meet the artists, provocateurs and visionaries who call Charm City home. Famous Baltimorean’s include Edgar Allen Poe, F Scott Fitzgerald, Upton Sinclair, Frederick Douglas, Thurgood Marshall, Cab Calloway, Wallace Simpson, Phillip Glass, Frank Zappa, John Waters, Kathleen Turner, David Hasselhoff, Babe Ruth, Brooks Robinson, Frank Robinson, Cal Ripken Jr, Johnny Unitas, Art Donovan, David Byrne, Tupack Shakur, Michael Phelps, Robin Quivers, and Oprah Winfrey, just to name a few.
Detailed Meeting at a Glance
Johns Hopkins Hospital
1800 Orleans Street
Baltimore, MD 22187

Thursday, May 18, 2023

Noon & 12:30 pm  Shuttle Buses from host Hotel to Hopkins: Marriott Courtyard Downtown Inner Harbor
11:00 am  Registration  Chevy Chase Auditorium
1:00 – 5:00 pm  Meeting  Chevy Chase Auditorium
5:15 & 5:45 pm  Shuttle Buses to Hotel  Front Door, Orleans Street
6:15pm  Water Taxis to social event  Harbor East
6:30 pm – 9:30 pm  Social Event  American Visionary Art Museum (Included with Registration) https://www.avam.org/
9:30 pm  Water Taxis to hotel  Federal Hill

Friday, May 19, 2023

7:00 am & 7:30 am  Shuttle Buses from host Hotel to Hopkins  Marriott Courtyard Downtown Inner Harbor
7:00 am  Breakfast  Chevy Chase Auditorium
7:30– 8:30 am  Registration  Chevy Chase Auditorium
8:00 am – 5:00 pm  Meeting  Chevy Chase Auditorium (Boxed lunch provided)
5:30 & 6:00 pm  Shuttle Buses to Hotel  Front Door, Orleans Street (Dinner on your own in Baltimore)

Saturday, May 20, 2023

7:30am & 8:00am  Shuttle Buses from host Hotel to Hopkins: Marriott Courtyard Downtown Inner Harbor
8:00 – 9:00 am  Registration  Chevy Chase Auditorium
8:00 am  Breakfast  Chevy Chase Auditorium
8:00 – 9:00 am  Eastern Region Business Meeting  Chevy Chase Auditorium
9:00am – 5:00 pm  Meeting; Boxed lunch provided  Chevy Chase Auditorium
5:00 pm  Adjourn (No buses back to hotel)
Daily Meeting Schedule

**Thursday May 18, 2023**
Johns Hopkins Hospital
Chevy Chase Auditorium

11:00 AM  Registration

**Moderator:**  Hanah Kim
Nashville, TN

1:00 – 1:15 PM  Welcome
Alex Christoff, President, AACO, Co-Chair
Jana Mattheu, CO, Co-Chair

1:15 – 1:45 PM  Skew Deviation – What is it Really?
Dan Gold, DO, Johns Hopkins Neurology

1:45 – 2:15 PM  Chiari Malformations - Symptoms, Treatment Options and 2 Case Reviews
Julie May – Children’s Hospital of Wisconsin

2:15 – 2:45 PM  Monocular Elevation Deficiency
Brooke Holler– Vanderbilt University
Nashville, TN

2:45 – 3:00 PM  Break

3:00 – 3:30 PM  Recurrent Sixth Nerve Palsies
Peyton Hundley – Boston’s Children’s Hospital

3:30 – 4:00 PM  The Textbook Triad: A Case Review of Parinaud Syndrome
Samantha Batt - Children’s Hospital of Philadelphia (CHOP)

4:00 – 4:45 PM  Putting the Puzzle Together: Neuro-ophthalmic Clinical Signs in the Pediatric Population
Abigail Orvis - Vanderbilt University
Nashville, TN

4:45-5:00 PM  Q&A

5:00 PM  Adjourn
Daily Meeting Schedule
Friday May 19, 2023
Johns Hopkins Hospital
Chevy Chase Auditorium

7:30 am  Registration

Moderator:  Alex Christoff, CO
            Baltimore, MD

8:00 – 8:10 am  Announcements - Jana Mattheu, CO

8:10 – 8:40 am  Dichoptic Treatment of Strabismus
                Mike Abrams, MD
                Pediatric Ophthalmologist at Pediatric Ophthalmology of Western
                Massachusetts, LLC

8:40 – 9:10 am  Approved digital therapeutics for amblyopia with updates on the billing
                and prescribing process.
                Nicholas A Sala, DO, Nick Sala II CO, Lori Zeto, CO
                Pediatric Ophthalmology of Erie, PA

9:10 – 9:30 am  Characteristics Affecting Amblyopia Treatment Outcomes with a
                Binocular Digital Therapeutic
                Michael X Repka, MD
                Pediatric Ophthalmology - The Wilmer Eye Institute at Johns Hopkins

9:30 – 10:00 am  The Neurology of Amblyopia; Developmental Mechanisms and
                  Future Care
                  Edward Kuwera, MD
                  Pediatric Ophthalmology - The Wilmer Eye Institute at Johns Hopkins

10:00 – 10:20 am  Evaluation of Publicly Available Online Source Material for Amblyopia
                  Sarah McCord MD / Pediatric Ophthalmology Fellow
                  The Wilmer Eye Institute at Johns Hopkins

10:20 - 10:35 am  Break

10:35– 10:55 am  Surgical Management of Brown Syndrome
                  Mohamad S. Jaffar, MD
                  Children's National Hospital, Washington, DC

10:55 – 11:40 am  Pediatric Vision Screening and Gambia Experiences
                  Shelley Klein, CO & Sheila Chamberlain, CO, COMT
                  Tufts University, Boston, MA / Burlington, VT
11:40 – Noon  Q&A

Noon – 1:15 pm  Lunch

Moderator:  Cheryl McCarus, CO, COMT
Baltimore, MD

1:15 – 1:45 pm  Pediatric Ocular Neuromyotonia
Cody Richardson, MD
Pediatric Ophthalmology
The Wilmer Eye Institute at Johns Hopkins

1:45– 2:05 pm  Diplopia and Vertical Strabismus Treated with Horizontal Prism?
A Case Report
Xiaoyan Shan, CO
University of Iowa

2:05 – 2:35 pm  Don't Look Up - Vertical Strabismus Causes, Evaluation and Treatments
Nancy Benegas, MD
Pediatric Ophthalmology
Vanderbilt University
Nashville, TN

2:35 – 2:55 pm  Mission Outreach with Orthoptic Partnership
Courtney Kraus, MD
Pediatric Ophthalmology
The Wilmer Eye Institute at Johns Hopkins

2:55 – 3:15 pm  Break

3:15 – 4:00 pm  Optic Nerve Edema - Pediatric Patients - Case reports and Clinical Care
Ron Biernacki, CO; Nancy Benegas, MD
Vanderbilt University

4:00 – 4:20 pm  Laser Refractive Surgery in Children
Barry Wasserman, MD
Princeton, NJ

4:20 – 4:50 pm  Reoperation Following Pediatric Eye Muscle Surgery
Sal Bellante, CO
Children’s Hospital of Philadelphia (CHOP)

4:50 – 5:10 pm  Q&A

5:10 pm  Adjourn
Daily Meeting Schedule

Saturday May 20, 2023
Johns Hopkins Hospital
Chevy Chase Auditorium

8:00 – 9:00 am Registration

8:00-9:00 am AACO Eastern Region Business Meeting
Sam Pape, CO
AACO Eastern Region Representative
Boston Children’s Hospital

Moderator: Sarah Whitecross, CO, OC(C), MMedSci
Boston, MA

9:00 – 9:05 am Announcements - Jana Mattheu, CO, COMT

9:05 – 9:30 am Digging Deeper in Strabismus Diagnoses
Colin Kane, OD
Adult Neuro-Ophthalmology
The Wilmer Eye Institute at Johns Hopkins

9:30 – 9:55 am Aberrant Regeneration in CN3 Palsy
Amanda Henderson, MD
Neuro-Ophthalmology
The Wilmer Eye Institute at Johns Hopkins

9:55 – 10:25 am Is This a Gaze Palsy? One and a Half Syndrome 2.0
Cheryl McCarus, CO, COMT, OSA
Greater Baltimore Medical Center (GBMC)

10:25 – 10:45 am Break

10:45– 11:45 am Supranuclear Eye Movement Disorders
Vivek Patel, MD
Irvine, CA

11:45 – 12:05 pm Q&A

12:05 – 1:15 pm Lunch
Moderator: Alex Christoff, COT, CO
Baltimore, MD

1:15 – 1:35 pm  First Visit Characteristics Associated with Future Surgery in Intermittent Exotropia
Sarah Whitecross, CO, OC(C), MMedSci
Boston Children’s Hospital

1:35 – 1:55 pm  An Orthoptic DIY: Maintaining Synoptophores in the 21st Century
Michaela Justus, CO
Sinai Hospital
Baltimore, MD

1:55 – 2:30 pm  Surgical Options for Torsional Diplopia
Michelle, Attz, MD
The Bascom Palmer Eye Institute
Miami, FL

2:30 – 2:50 pm  Trochlear Nerve Palsy in the Context of Labyrinthitis
Gail Meil, CO
Greater Baltimore Medical Center (GBMC)

2:50 – 3:15 pm  Break

3:15 – 3:45 pm  Examining Patients with Autism
Beth Colon, CO
Eye Care Associates
Poland, Ohio

3:45 – 4:15 pm  Inequities in Healthcare Insurance Affecting Appropriate Management in Pediatric Ophthalmology
Megan Evans, CO
Cardinal Glennon Children's Hospital
Maryville, IL

4:15 – 4:45 pm  Artificial Intelligence for the Eye
Kim Beaudet, CO
Massachusetts Eye and Ear Infirmary
Boston, MA

4:45 – 5:00 pm  Q&A

5:00 pm  Adjourn
Social Event
Thursday, May 18, 2023
American Visionary Art Museum
800 Key Highway
Baltimore, MD 21230

In 1992, Maryland US Senator Barbara Mikulski spearheaded leadership (joined by the entire Maryland Delegation and US Senator Robert Dole) to pass a rare unanimous Resolution of Congress that designated the American Visionary Art Museum (AVAM) as “the official national museum, education center, and repository for intuitive, self-taught artistry. CNN has called the AVAM “one of the most fantastic museum anywhere in America.” AVAM specializes in original thematic exhibitions that seamlessly combine art, science, philosophy, humor and especially social justice and betterment. Famed authors, humanitarians, scientists, actors, musicians and engineers are attracted from the start to visit, collaborate, and lend their visionary fresh thinking to enhance the thematic exhibitions and educational programming.

More than 70 weddings a year take place at the AVAM. There are now more than 40 museums and major visionary art environments open to the public around the world. AVAM is the largest and continues to influence and inspire museum and city planner thinking all over the world. We hope you will enjoy an evening of food, friendship and music with your colleagues in the setting of this Baltimore treasure or artistic ingenuity and creativity.

American Visionary Art Museum (avam.org)
Meeting Abstracts

Thursday, May 18, 2023

**Skew Deviation - What Is It really?**
Dan Gold, DO, Johns Hopkins Neurology

1:15 – 1:45 pm

Both central (eg, brainstem, cerebellum) and peripheral (eg, vestibular, fourth cranial nerve palsy) etiologies can cause a vertical misalignment between the eyes with a resultant vertical diplopia. A vertical binocular misalignment may be due to a skew deviation, which is a nonparalytic vertical ocular misalignment due to roll plane imbalance in the utriculo-ocular motor pathways. A skew deviation is one component of the ocular tilt reaction, which also includes head tilt and ocular counter-roll. Diagnosing a skew deviation typically indicates localization, and neurologic work-up is necessary.

By the end of this lecture, the audience should be able (1) to understand the pathophysiology of a skew deviation/ocular tilt reaction and (2) to be familiar with the examination techniques used to diagnose a skew and (3) to differentiate it from mimics such as a fourth cranial nerve palsy.

**Chiari Malformations - Symptoms, Treatment Options and 2 Case Reviews.**
Julie May, Student, The Children’s Hospital of Wisconsin

1:45 – 2:15 pm

Overview of Chiari malformations, symptoms, treatment options and 2 case reviews. At the conclusion of this presentation, attendees will 1) Develop a further understanding of what Arnold Chiari malformation is 2) know the different types, degrees of severity, and treatment options and 3) understand the associated strabismus.

**Monocular Elevation Deficiency**
Brooke Holler, Student, Vanderbilt University

2:15 – 2:45 pm

Monocular Elevation Deficiency (MED), also known as double elevator palsy, is characterized by a monocular limitation of elevation, chin up head posture, presence of ptosis or pseudo-ptosis, and an ipsilateral hypotropia in primary position. MED is usually idiopathic and congenital.

A case report of a toddler with MED will be presented. Diagnostic tests, causes, differential diagnoses, and treatment options for MED will also be expanded upon. We will also discuss why it is imperative to distinguish a paresis from a restriction when making surgical decisions for MED.

At the conclusion of this presentation, the attendees will 1) Know the clinical characteristics of MED, 2) Know the diagnostic tests for MED, including how to differentiate between a paretic and restrictive strabismus, and 3) Know the treatment options for MED
**Recurrent Sixth Nerve Palsies**

Peyton Hundley, Student, Boston’s Children’s Hospital

This presentation will discuss clinical cases of recurrent sixth nerve palsies. The focus will be on possible etiology, diagnosis, treatment options, and long-term outcomes of patients with recurrent sixth nerve palsies described in the scientific literature. I will be showing 2 clinical cases of recurrent 6th nerve palsies. More specifically, these cases will highlight the age of onset, the symptoms as described by history, and the treatment options given to these patients.

At the conclusion of this presentation, attendees will be able to 1) Evaluate the etiologies that cause recurrent 6th nerve palsies 2) Distinguish a recurrent 6th nerve palsy from a cyclic ET 3) Have an enhanced understanding of 6th nerve palsies and 4) Discuss diagnosis and management for recurrent 6th nerve palsies.

**The Textbook Triad: A Case Review of Parinaud Syndrome**

Samantha Batt, Student, The Children’s Hospital of Philadelphia

This case presentation will discuss the orthoptic evaluation, differential diagnosis, case progression and prognosis of a child with Parinaud’s syndrome. At the conclusion of this course participants will be able to recognize the common presenting signs of Parinaud Syndrome and its etiology.

**Putting the Puzzle Together: Neuro-ophthalmic Clinical Signs in the Pediatric Population**

Abigail Orvis, Student, Vanderbilt University

An orthoptist’s work is akin to that of a detective, identifying clues through observation, obtaining a history, and the clinical examination. This presentation will consist of a case report of a pediatric patient that presented to our clinic as an emergency department follow up after a suboccipital craniotomy and resection of a mass in the pineal region.

The purpose of this presentation is to discuss the neuro-ophthalmic clinical findings associated with a pineal mass, identify differential diagnoses as well as possible etiologies, specifically within the pediatric population, and to explore the orthoptist’s role in identification and management of patients presenting with these findings.

At the conclusion of this course, participants will be able to 1) Identify the key clinical features of Parinaud syndrome and 2) Understand an orthoptist’s role in identification and management of pediatric patients with this condition.
Dichoptic Treatment of Strabismus
Michael Abrams, MD
Pediatric Ophthalmology of Western Massachusetts, LLC

Purpose:
Dichoptic treatments for strabismic amblyopia may offer improvements in motor fusion outcomes that are not typically seen with occlusion. We conducted a prospective interventional outcome study of consecutive patients with a history of strabismic amblyopia and no motor fusion, who were treated part-time with Bangerter foils.

Methods:
Acuity, alignment, and motor fusion status were collected for a minimum of 2 years. Patients who developed motor fusion were then followed for a minimum of 18 months to assess the stability of their motor fusion status after the Bangerter foil was discontinued.

Results:
Of the 46 patients meeting entry criteria that completed follow-up (mean initial age, 5.3±1.7 years), 28 (61%) developed motor fusion. Motor fusion was retained in all 17 patients who were followed after their foils were discontinued for a mean of 13.3 months.

Conclusion:
Development of motor fusion in these patients suggests part-time treatment with the Bangerter foil can lead to the development of motor fusion and at a later age than previously thought likely.

Approved digital therapeutics for amblyopia with updates on the billing and prescribing process.
Nicholas A Sala, DO, Nick Sala II CO, Lori Zeto, CO
Pediatric Ophthalmology of Erie, PA

There have been two recent digital devices shown to be capable of treating amblyopia. Luminopia One completed a multi-center randomized controlled clinical trial in July 2020. CureSight has finished a pilot study and will reach completion of their multi-center randomized controlled clinical trial in May 2023. There may not be a sufficient understanding yet in our field for these new treatments. We will review the clinical trials for each device and provide an update into the FDA clearance for CureSight digital therapy device as well as the de novo FDA approval for Luminopia One digital therapeutic software. The treatment mechanism for each device will be compared and discussed to further understand these digital therapies. The up-to-date prescribing process will be detailed along with billing for these newly available treatments.

This course is a review of two recently approved digital therapeutics for amblyopia treatment. Clinical trial data will be presented along with the prescribing process and CPT billing codes that are available for each device. At the conclusion of this presentation, the attendee will 1) Understand the dichoptic treatment modality of each approved device. 2) Feel comfortable
with this new prescribing process and billing for associated services. 3) Gain better insight on the clinical trials and approval process for these treatments.

**Characteristics affecting Amblyopia Treatment Outcomes with a Binocular Digital Therapeutic**
Michael X Repka, MD
The Wilmer Eye Institute at Johns Hopkins

**Purpose:**
To investigate how baseline characteristics of amblyopic patients may influence visual acuity improvement following treatment with a binocular digital therapeutic.

**Methods:**
A retrospective analysis was conducted on a combined dataset from 121 participants sourced from an open-label pilot study and a randomized controlled trial of a binocular digital therapeutic. Children between the ages of 4 and 12 completed 12 weeks of treatment consisting of daily usage of 1 hour per day, 6 days per week. A successful outcome was defined as an improvement of at least 1 logMAR line in the best corrected visual acuity of the amblyopic eye. The relationships between treatment success and baseline characteristics were analyzed using multivariable logistic regression, adjusting for adherence to the prescribed treatment regimen. The factors included age, sex, race, amblyopia type and severity, as well as previous amblyopia treatment type and duration.

**Results:**
The median age of enrolled participants was 6.0 years (IQR, 5.0-7.0 years) and 54%(n=65) were male. The median adherence to prescribed therapy, measured to the minute, was 86% (IQR, 68% to 99%). Visual acuity in the amblyopic eye improved by ≥1 line in 81% (n=98) of children. No factors were associated with Visual Acuity Improvements, including age and prior treatment type or duration, though the analysis is limited by a smaller sample size of older children.

**Conclusion:**
Visual acuity improved in four out of five children treated with this binocular therapeutic for 12 weeks. The treatment benefit was observed across clinical characteristics which typically decrease the efficacy of conventional amblyopia treatment such as age and prior treatment, indicating a broad application for this novel therapy.

**The Neurology of Amblyopia: Developmental Mechanisms and Future Care**
Edward Kuwera, MD
The Wilmer Eye Institute at Johns Hopkins

At the conclusion of this presentation, attendees will be able to 1) Define amblyopia and how it affects the brain 2) Understand the critical timings of visual development and 3) Understand some future prospects of treatment.
Evaluation of Publicly Available Online Source Material for Amblyopia
Sarah McCord MD
The Wilmer Eye Institute at Johns Hopkins

**Introduction:**
Social media is a method for quick, casual, and widespread dissemination of information, and patients increasingly turn to this tool to learn about health conditions. Instagram allows images and words to be tagged so they can be easily searched by users. However, information presented in posts is subject to limited oversight. This study reviewed the quality of publicly available information regarding amblyopia on Instagram.

**Methods:**
We performed an analysis of the top 200 publicly available posts on Instagram tagged with the search term amblyopia. The posts were analyzed and scored out of 40 using the Currency, Reliability, Authority, and Purpose (CRAP) Test, which assesses credibility and quality of online content.

**Results:**
Posts were stratified by source. 49% of posts were from companies that sell products for amblyopia treatment (vision therapy, patches). 18% were from individuals personally affected by amblyopia. The remainder of posts were from optometrists (10%), opticians or optical shops (9%), ophthalmologists (8%), medical clinics (4%), and medical training organizations (2%). Average CRAP score for each group was measured. The highest CRAP score was from medical education groups (34), followed by ophthalmologists (29), optometrists (25), opticians/optical shops (24), companies (15) and personal users (14). A one-way ANOVA revealed a statistically significant difference in quality by these criteria (p<0.001). Tukey’s HSD test for multiple comparisons showed a higher mean CRAP score in posts by providers than those by companies marketing amblyopia treatment and by individuals.

**Conclusions/Relevance:**
Quality of information among Instagram posts for amblyopia varied by source. Posts by providers were of higher quality than by individuals affected with amblyopia or by companies selling products for amblyopia. Although broader awareness of health information is valuable, widespread access to poor quality data remains a source of concern.

Surgical Management of Brown Syndrome
Mohamad S. Jaffar, MD
Children’s National Hospital

Brown syndrome is usually unilateral but can be bilateral and asymmetric. It is sporadic with only 5% of the cases being familial. Be it congenital or acquired, it presents as limited elevation in adduction, causing a head turn or chin up posture if there is a hypotropia in primary position. Several motility disturbances should be considered in the differential diagnosis of Brown syndrome. It is well established that Brown syndrome may have a variable natural history. If symptomatic, various surgical approaches can be considered, and these will be discussed.
The lack of information and vision services for children represents a considerable gap in any healthcare system, especially in developing countries. This gap stems from the limited resources and skills of eye health providers and the profoundly ingrained perspective that children do not need glasses or have eye pathology. This lack of early intervention and pediatric eye care is a healthcare issue that is being addressed by the Government of the small western African country, The Gambia.

The Ministry of Health is beginning to develop a mandated policy to include vision screenings as part of regular health care for all children. With a policy in place, the National Eye Health Program can expand on the present sustainable program by providing frames for younger children, training for optical staff, including children in outreach screenings/clinics, and to support training of present providers in evaluating, diagnosing, and treating a child patient.

The Ministry of Health will partner with the Ministry of Education to provide support for school screenings and to develop a referral process for failed screenings to be followed up by the pediatric providers.

The impact of vision loss is life-long, and it can reverberate in a person's education, employment opportunities, sense of self-worth, and overall quality of life. Orthoptists can play a major role in helping reduce blindness in developing countries.

At the conclusion of this course, attendees will be able to 1) Understand the reasons for the global vision crisis 2) Learn about the difference between vertical and horizontal medical interventions and 3) Understand the impact orthoptists can have in reducing world blindness.

**Pediatric Ocular Neuromyotonia**

Cody Richardson, MD

The Wilmer Eye Institute at Johns Hopkins

**Purpose:**
To report five cases of ocular neuromyotonia (ONM) in children and adolescents following radiation therapy for a variety of pediatric brain tumors. Notably, three cases occurred in children under 11 years old.

**Methods:**
Case series of five patients with ONM following proton beam therapy (PBT) or conventional radiation.

**Results:**
Five cases of ONM were identified following radiation treatment of various pediatric brain tumors. Onset ranged from 5 to 142 months after radiation treatment. The abducens nerve/lateral rectus was affected in three cases, and the trochlear nerve/superior oblique was affected in two cases. Ages at symptom presentation were 4 years (intermittent head tilt), 9
years (intermittent blurry vision and head tilt), 10 years (intermittent blurry vision progressing to intermittent diplopia), 15 years (intermittent diplopia), and 17 years (intermittent diplopia). One patient improved on gabapentin. Two patients experienced spontaneous resolution. One patient died due to metastatic disease, and one patient has planned follow up.

**Conclusion:**
ONM occurs most commonly following radiation to the brain and skull base. Clinicians need to be aware that ONM presents differently in children (who may not report diplopia) than adults or adolescents (who typically report diplopia). Two children in our series never reported diplopia, only intermittent head tilt and blurry vision. ONM requires a high index of suspicion to diagnose, especially in children. Membrane stabilizers can be used effectively, but observation may be a valid option in children as spontaneous resolution was seen.

**Diplopia and Vertical Strabismus treated with Horizontal Prism?**

**A Case Report**

Xiaoyan, Shan, CO

University of Iowa

**Purpose:**
To report an unusual case of horizontal diplopia with abnormal retinal correspondence (ARC)

**Methods:**
Case report: A 56-year-old female presented with horizontal crossed diplopia. She had a history of accommodative esotropia and refractive amblyopia of the right eye since childhood.

**Results:**
Sensory motor examination revealed full versions with a right hypertropia 5° in primary. The hypertropia did not step out as cranial nerve IV palsy. Synoptophore exam showed subjective angle of exotropia 10° with no suppression scotoma. With 10° base in over right lens the diplopia resolved. At a one-month phone call follow up, patient is diplopia free with the prism.

**Conclusion:**
Abnormal retinal correspondence develops with childhood strabismus. A synoptophore is useful tool to disclose ARC or suppression scotoma. Prisms can be helpful to relieve symptoms.

**Key word:** diplopia, abnormal retinal correspondence, Synoptophore

**Don’t Look Up - Vertical strabismus Causes, Evaluation and Treatments**

Nancy Benegas, MD

Vanderbilt University

This talk will present multiple causes of inability for an eye or eyes to elevate. Multiple case presentations will be presented and diagnosing, treatment options including orthoptic and surgical approaches will be presented. At the conclusion of this presentation, attendees will be able to 1) Identify a differential diagnosis for vertical strabismus 2) Be able to differentiate and
narrow the possibilities by clinical testing 3) Develop management approaches to consider when treating similar patients.

Mission Outreach with Orthoptic Partnership  
Courtney Kraus, MD  
The Wilmer Eye Institute at Johns Hopkins

This course will describe an annual surgical outreach mission to Belize with an account of cases seen and surgery performed. Considerations for orthoptists and ophthalmologists interested in mission work.

At the conclusion of this course, attendees will be able to 1) Understand scope of pediatric ophthalmic missions, 2) Know how care plans may differ for mission trips and 3) Discuss opportunity for developing partnerships w developing nations in pediatric eye care.

Optic Nerve Edema - Pediatric Patients - Case reports and Clinical Care  
Ron Biernacki, CO; Nancy Benegas, MD  
Vanderbilt University

This course will discuss different types of headaches along with an overview of idiopathic intracranial hypertension in adults and children. What are some of the possible causes, what type of workups are needed and what treatments are available. At the conclusion of this presentation, attendees will be able to describe the presenting signs, symptoms and the urgency of patients presenting with headaches.

Laser Refractive Surgery in Children  
Barry Wasserman, MD  
The Wills Eye Hospital

Amblyopia often associated with unequal focus between the eyes (anisometropia), and its treatment is often challenging! It generally begins with optical correction with glasses or contact lenses and is supplemented with penalization of the stronger eye by patching. Some children, particularly those with behavioral issues, may be resistant to glasses and patching, making these interventions difficult. Refractive surgery improves refractive error and anisometropia. Ultimately, it can make a significant difference in the lives of children with neurodevelopmental disorders and poor vision. We will discuss how this technology is employed and review some relevant literature.

At the conclusion of this presentation, attendees will be able to 1) Understand the clinical implications of managing challenging amblyopia patients 2) Describe refractive surgery concepts 3) Understand when refractive surgery may be a reasonable treatment option in a special needs population.
At the end of this course, participants will be able to help manage parents’ expectations for repeat eye muscle surgery.

Introduction:
We sought to determine rates of reoperation following pediatric strabismus surgery. Detailed large-scale patient-level data are limited in the literature.

Methods:
Retrospective cohort study of children under age 18 years who underwent eye muscle surgery at CHOP from 2009 to 2021. Primary outcomes were risk of reoperation based on survival analysis, overall and stratified by type (e.g., esotropia, exotropia, incomitant, vertical, nystagmus). Age at presentation and surgery, laterality, adjustable suture use, and number of muscles were evaluated as risk factors in multivariable Cox regression analysis.

Results:
2699 children underwent eye muscle surgery at mean age 4.6 (SD 3.3) years, mean follow-up 2.5 years. Overall, 1-, 3-, 5-, and 8-year estimates for cumulative reoperation rate were 8% (95% CI 7-9%), 20% (95% CI 18-23%), 28% (95% CI 25-31%), and 42% (95% CI 38-47%) respectively, with a mean 1.14 (0.42) reoperations and mean 2.2 (2.0) years between initial surgery and first reoperation. Patients with incomitant strabismus had the highest cumulative reoperation rate after 8 years (53%, 95% CI 39-68%), while other types did not differ significantly (37-44% after 8 years). Significant risk factors for reoperation included younger age at presentation (Hazard Ratio HR=1.48, 95% CI 1.05-2.11 for 2 years old or younger versus greater than 6 years) or at initial surgery (HR=1.74, 95% CI 1.26-2.40).

Conclusion:
In the first year following eye muscle surgery, estimated reoperation is approximately 8%, rising over time with prolonged follow-up to 42% after 8 years. These data are helpful in clinical practice for managing parents' expectations for repeat surgery.
The evaluation of strabismus is grounded in the measurement of extraocular motility and binocular function, but it does not end there. I will review several clinical cases of diplopia referred to the Neuro-Ophthalmology division in which multiple disease processes were ultimately discovered to be contributing to the patient’s symptoms. Cases will be presented in a stepwise fashion with questions for the audience. Contributing neuro-ophthalmic and orbital conditions will be reviewed with their clinical and radiographic findings to help expand the diagnostic capabilities of the examiner.

This course will describe how to identify clinical findings of several common neurological and orbital processes that cause strabismus and diplopia in adult patients, as well as their workup and radiographic findings.

Aberrant Regeneration in CN3 Palsy
Amanda Henderson, MD
The Wilmer Eye Institute at Johns Hopkins

Case-based presentation on third nerve palsy, with emphasis on clinical features, including partial vs complete palsy, pupil-involving vs pupil-sparing palsy, and presence of absence of aberrant regeneration. The appropriate evaluation of these cases will be discussed with regards to the need for neuroimaging, which specific neuroimaging tests are required, the time course in which neuroimaging tests should be completed, and other (ie, serum, cerebrospinal fluid) evaluations that may be indicated.

At the conclusion of this presentation, the participant should be able to recognize and to describe appropriate management of a third nerve palsy.

Is This a Gaze Palsy? One and a Half Syndrome 2.0
Cheryl McCarus, CO, COMT, OSA
Greater Baltimore medical Center (GBMC)

Adult strabismus frequently presents as a complex neurologic pathology and may in many cases be the first presenting sign of systemic disease.

This talk will review one case of adult strabismus presenting as diplopia with nystagmus and ADuction and ABdution deficits. We will follow her path from the diagnosis of one-and-a-half syndrome at age 32, to her current complex neurologic and systemic pathology at age 50.

At the conclusion of this presentation, attendees will be able to 1) Recognize gaze palsies by their clinical presentations. 2) Review the supranuclear and internuclear pathways which
coordinate horizontal eye movements. 3) Discuss the etiology of internuclear ophthalmoplegia and the site of lesions in gaze palsies.

4) Understand what is meant by terms such as gaze palsy, abduction deficit, PPRF, MLF, one-and-a-half syndrome, internuclear ophthalmoplegia and Miller Fisher variant of Guillain-Barre

**Supranuclear Eye Movement Disorders**

10:45 – 11:45 am

Vivek Patel, MD

UCI Gavin Herbert Eye Institute

The neurological substrates underlying eye movement control work together within a matrix of interconnected pathways, adapted to effectively command and control the way we coordinate move our eyes. Cerebellar, brainstem and cortical structures all contribute to the cause, and depend on each other for the functional unit to succeed. Relatively commonly encountered forms of acquired nystagmus localize to dysfunction within the vestibulocerebellum, comprised of neurons and pathways that connect the brainstem (midbrain, pons, and medulla) with the midline cerebellum (ocular motor vermis, fastigial nuclei, and uncinate fasciculus). Gaze evoked, downbeat, and upbeat nystagmus are common examples. Using a case-based approach, we will discuss the clinical findings and relevant anatomical localization. Similarly, we will review clinical and anatomical features of other supranuclear eye disorders such as Parinaud’s syndrome, Wernicke Encephalopathy and Oculopalatal myoclonus. The discussion will proceed with an anatomy-first approach focusing on normal physiology, followed by pathological findings when normal function breaks down. The central aim of the lecture will be to reinforce the attendee’s understanding of the supranuclear pathways which govern eye movement control, allowing the clinician to effectively recognize and localize abnormalities when disease occurs.

This course will discuss eye movement disorders due to cortical, cerebellar and brainstem dysfunction. At the conclusion of this presentation, attendees should be able to 1) recognize brainstem disorders which can produce eye movement abnormalities 2) Describe the various contributions of the cerebellum to eye movement control and 3) Describe the neurological localization of various eye movement abnormalities.

**First Visit Characteristics Associated with Future Surgery in Intermittent Exotropia**

1:15 – 1:35 pm

Sarah Whitecross, CO, OC(C), MMedSci

Boston Children’s Hospital

**Background/Purpose:**

While many studies have examined the natural history of IXT or factors that may influence response to surgical intervention, there is little data available about features present on initial exam that influence the course of the condition. The goal of this retrospective study was to determine if there are any demographic or clinical factors present on initial presentation that were associated with whether a patient will eventually undergo IXT surgery.
Methods:
Retrospective study of 228 children with IXT and at least 5 years of follow up. A total of 97 participants underwent surgery during follow-up were compared to 131 participants who did not.

Results:
Age and control were the only first visit variables significantly associated with having surgery for IXT. Notably, neither angle of deviation nor stereopsis were associated with later surgery. In an adjusted logistic model, each one-month increase in age at presentation was associated with a 1% decrease in the odds of having surgery (OR = 0.991, 95% CI: 0.982-0.999, P = .04). Children with poor control at initial visit had almost five times greater odds of having surgery than those with good control (OR = 4.95, 95% CI: 2.31-10.98, P < .0001).

Conclusions:
Age and control of IXT are important factors at presentation associated with future surgical intervention for IXT. The magnitude of deviation and stereopsis was not significantly associated with future surgical treatment for IXT.

An Orthoptic DIY: Maintaining Synoptophores in the 21st Century
1:35–1:55 pm
Michaela Justus, CO
LifeBridge Health

Claude Allen Worth, born in 1869, is considered the father of modern orthoptics and a main component of the creation of our current synoptophore. The first synoptophore, or amblyoscope, was used to treat suppression and measure fusional amplitudes. Alongside his amblyoscope, he used red and green ground glass alongside his four-dot test to assess suppression. Many in the ophthalmology community have limited to no experience in using the synoptophore. Orthoptists, with the unique skill set of understanding sensory and binocular function, have learned to incorporate the use of this machine to help gather specific information to help in many diagnostic decisions. These machines have been around for decades, and orthoptists are continuing the work of Worth in using the synoptophore in measuring sensory fusion, torsion, anomalous retinal correspondence, and more. For something that is used so regularly in an orthoptist’s clinic, many of us have a reasonable comfort level in using the synoptophore but have far less understanding about how the synoptophore works. When an aging machine inevitably requires maintenance, finding specialists who are versed in making needed repairs is challenging.

This lecture will include a comprehensive list of how to assess the inside of the synoptophore, identify different structures within it, and how to attempt to identify and rectify problems that we may encounter in the clinic. At the conclusion of this presentation, attendees will be able to 1) Assess the inside of the synoptophore 2) Identify different components inside it 3) Identify and rectify problems that one may encounter in the clinic using the synoptophore.
Surgical options for ocular torsion Ocular torsion can cause bothersome torsional diplopia where, despite the correction of the horizontal or vertical strabismus, prevents the patient from truly attaining fusion. When assessing ocular torsion, there are subjective and objective assessments that can be used in conjunction with prism cover test, to assess the deviation and the ability to attain fusion. But what do we do with this information? As surgeons, we may certainly have to counsel our patients as to the success of (or lack thereof) strabismus surgery when there is an ocular torsion component.

Thinking about the primary, secondary, and tertiary actions of the extraocular muscles, we can formulate a plan that will allow the surgeon to correct for the horizontal or vertical strabismus, as well as ocular torsion. Working through case studies, we can discuss where our surgical plans go well, and when they may not go so well.

At the conclusion of this presentation, attendees will be able to discuss some of the surgical techniques that can be used to alleviate ocular torsion.

Trochlear Nerve Palsy in the Context of Labyrinthitis
Gail Meil, CO
Greater Baltimore medical Center (GBMC)

This presentation is a case study of a patient with a long-standing well-controlled CN IV palsy whose strabismus decompensated following her COVID booster and will include a brief introduction of the vestibular apparatus. We will examine how unilateral labyrinthitis can cause an individual’s long-standing strabismus to decompensate and discuss this patient’s treatment and eventual outcome. At the conclusion of this presentation, attendees will be able to 1) Review anatomy and physiology of the vestibular apparatus 2) Discuss how unilateral labyrinthitis can affect ocular torsion 3) Review patient’s treatments and outcomes of those treatments.

Examining Patients with Autism
Beth Colon, CO
Eye Care Associates

This course will utilize discussions with school nurses, teachers of the visually impaired and children to learn more about how children process and communicate when asked to actively participate in an eye exam. We will discuss how to work with other abled children to get a more comprehensive eye exam and minimize the stress for the child, family, certified orthoptist, and the physician.

At the conclusion of this presentation, attendees should be able to 1) Utilize strategies to help
children participate in their eye exam 2) Understand how children with Autism process and learn new skills 3) Develop skills one can use to guide the eye exam and have child feel successful about their experience in our office.

**Artificial Intelligence for the Eye**  
Kim Beaudet, CO  
Massachusetts Eye and Ear Infirmary  

Artificial intelligence (AI) and machine learning (ML) have entered several avenues of modern life, and health care is just one of them. Ophthalmology is a field with a lot of imaging and measurable data, thus ideal for application of AI and ML. There is unprecedented potential for AI to expand scientific inquiry. With rapid analysis of vast amounts of data, AI can explore associations between disease characteristics that may not be readily apparent to humans. Despite the impressive results of recent AI applications to general ophthalmology, comparatively less progress has been made toward solving problems in pediatric ophthalmology using similar techniques. The advent of AI may reshape the field of medicine. There is potential for AI to enhance the clinician’s ability to diagnosis conditions earlier and more accurately. Looking beyond solely utilizing AI in clinical practice, machine learning methods may play a role in guiding research investigations that aim to identify disease features newly discovered through automated techniques. On a global level, the application of AI to existing tele-ophthalmology programs may facilitate outreach to underserved regions, addressing the shortage of specialists available to provide their expertise.

A review of the recent literature applying machine learning algorithms to problems in pediatric ophthalmology, neuro ophthalmology and orthoptics will be discussed. At the conclusion of this presentation, the participant should come away with a sense of the current state of AI research, its potential applications and benefits, as well as the challenges and risks associated with its use.

**Inequities in Healthcare Insurance Affecting Appropriate Management in Pediatric Ophthalmology**  
Megan Evans, CO  
Cardinal Glennon Children’s Hospital  

Over the past century, healthcare within the US has evolved from home-based physician visits to small community practices to large institution-based entities. After the Great Depression, measures to ensure payment to medical providers became a pertinent necessity, which led to the creation of health care insurance (Morrisey, 2008). The progression towards modern-day health care in America has known pitfalls – models for government-sponsored plans, single hospital-based offerings, employer-sponsored policies, or individualized plans all allow for disparity in access to treatment. Many studies have been done evaluating uninsured or underinsured persons, but very few publications discuss issues regarding appropriate care for those who have “adequate” coverage for themselves or their children. While this is not a topic with an immediate solution, discussion is important to illuminate these issues and find ways
avoid adverse patient outcomes. In this talk, case studies will be presented on commonly
treated medical diagnoses within pediatric ophthalmology. With each case, we will discuss
interruptions of care or denial of coverage that has potentially longstanding or detrimental
effects. The goals of the talk are to create awareness of these issues and highlight areas where
orthoptists and clinicians can advocate for patients to avoid prolonged illness or visual
impairment.
This talk is a case presentation and discussion of roadblocks in patient care beyond the clinical
evaluation that leads to disparity in treatment and outcomes. At the conclusion of this
course/presentation, an attendee should be able to 1) Recognize inequities that exist in patient
care and treatment 2) Develop ways to advocate for patients directly or alongside the treating
physician and 3) Identify ways to prevent adverse outcomes in the pediatric population.
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