Meeting at a Glance
Sheraton New Orleans
500 Canal Street
New Orleans, LA

Friday, November 10, 2017
5:00 PM – 7:00 PM  Board of Directors Meeting  Rex
7:00 PM  New Orthoptist Reception  Rex

Saturday, November 11, 2017
7:30 AM – 2:00 PM  Registration  Napoleon Foyer
7:30 AM – 8:30 AM  Breakfast  Napoleon Foyer
8:30 AM – 5:00 PM  Instruction Courses  Maurepas
5:15 PM – 7:15 PM  Education Committee Meeting  Bayside A

Sunday, November 12, 2017
7:30 AM – 11:00 AM  Registration  Napoleon Foyer
7:30 AM – 8:30 AM  Breakfast  Napoleon Foyer
8:30 AM – 12:00 PM  AACO Business Meeting  Napoleon A
3:45 PM – 5:15 PM  AAO/AACO/AOC Sunday Symposium  Morial Convention Center Room 243-245
6:00 PM – 7:00 PM  AOJ Editorial Board Meeting  Edgewood
7:00 PM – 11:00 PM  AACO Reception  Waterbury Ballroom

Monday, November 13, 2017
7:30 AM – 8:30 AM  Registration  Grand Foyer
7:30 AM – 8:30 AM  Breakfast  Grand D
7:30 AM – 5:00 PM  Exhibits  Grand D
8:30 AM – 5:00 PM  Scientific Sessions  Grand A

Tuesday, November 14, 2017
8:30 AM – 12:00 PM  Instruction Courses  Grand Chenier
# Table of Contents

**Contents** | **Page**
---|---
Meeting at a Glance | Front page
Table of Contents | 1
Program Objectives | 3

**Saturday**

Instruction Course Schedule | 5
Instruction Course Abstracts | 13 – 17

**Sunday**

AACO Business Meeting Announcement | 7
Sunday Symposium Schedule | 9
  AAO/AOC/AACO Sunday Symposium | 18

**Monday**

Monday Scientific Session Schedule | 10 – 11
  AAP/AACO Joint Symposium | 19
  Morning Scientific Session Abstracts | 20 – 21
  Richard G. Scobee Memorial Lecture | 22 – 23
  Afternoon Scientific Session Abstracts | 24 – 27

**Tuesday**

Instruction Course Schedule | 12
Instruction Course Abstracts | 28 – 29

**General Information**

Committee Meeting List and Social Gatherings | 31
AACO Officers and Committee Chairpersons | 33 – 34
Index of Authors | 35
Future Meetings | 37
Maps | 39
CE Sticker Pages | 43 – 47
CE Reporting Total Form | 49
CE Certificate | 51
Notes | 53 – 56
Target Audience

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

Course Level

Intermediate to advanced.

Overall Program Objectives

Educational Objectives: at the conclusion of the National 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 newfound 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
- Pediatric Syndromes
- Ophthalmoplegia
- Neurogenic strabismus
- Optics
- Diplopia
- Suppression and anomalous fusion
# Instruction Course Schedule

Saturday, November 11, 2017

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## Maurepas Room

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Lee, A</td>
<td>Recognizing Dangerous Diplopia</td>
</tr>
<tr>
<td>9:45 – 10:45</td>
<td>Kazim, M</td>
<td>Successful Management of Thyroid Eye Disease</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Jackson, et al</td>
<td>The Neuro Work-up: It’s Not Just for Braniacs!</td>
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<td>12:00 – 1:30</td>
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<td>Lunch</td>
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<tr>
<td>1:30 – 2:30</td>
<td>Roper-Hall, G</td>
<td>Fusion Mechanisms &amp; Disruptions</td>
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<tr>
<td>2:45 – 4:15</td>
<td>Shah, A</td>
<td>TBI &amp; Post-concussion Syndrome</td>
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## Napoleon A3 Room

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<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Biernacki, et al</td>
<td>What You Should Know but may have Forgotten: Sensory Testing</td>
</tr>
<tr>
<td>9:45 – 10:45</td>
<td>Shah, M</td>
<td>Optical Aberrations &amp; Monocular Diplopia</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Shamis, D</td>
<td>The Effect of Refractive Error on Strabismus: There’s SO Much more than Accommodative ET!</td>
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<tr>
<td>12:00 – 1:30</td>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30 – 2:30</td>
<td>Klaehn, et al</td>
<td>Diplopia Associated with Macular Disease: Opening Pandora’s Box</td>
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<tr>
<td>2:45 – 3:45</td>
<td>Rainey, et al</td>
<td>Dyslexia &amp; Vision Therapy</td>
</tr>
<tr>
<td>4:00 – 5:00</td>
<td>Colpa, L</td>
<td>Dichoptic Therapy, Video Games, and Amblyopia: What Orthoptists need to know about gaming and the visual system</td>
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</tbody>
</table>
ATTENTION ALL AACO MEMBERS:  
Our future needs YOU!

November 12, 2017, 8:30 – 12:00 PM  
Sheraton New Orleans  
Napoleon A  

AACO NATIONAL BUSINESS MEETING
## Ophthalmoplegia – When the Eyes Don’t Move

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker(s)</th>
<th>Title</th>
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<tbody>
<tr>
<td>3:45 – 3:48</td>
<td>Casey Mickler, MD, Moderator</td>
<td>Introduction</td>
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<tr>
<td></td>
<td>Pensacola, FL</td>
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<tr>
<td>3:48 – 3:56</td>
<td>Katherine Fray, CO</td>
<td>Lancaster Award Presentation</td>
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<td>Little Rock, AR</td>
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<td>3:56 – 4:04</td>
<td>Lex Dietz, CO</td>
<td>Ophthalmoplegia: Definition and Clinical Diagnostic Techniques</td>
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<td>San Francisco, CA</td>
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<td>4:04 – 4:12</td>
<td>David Hunter, MD</td>
<td>Infantile and Early Acquired Ophthalmoplegic Syndromes</td>
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<tr>
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<td>Boston, MA</td>
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<td>4:12 – 4:20</td>
<td>Gill Roper-Hall, CO</td>
<td>Acquired Ophthalmoplegia in Older Children and Adults</td>
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<td>St Louis, MO</td>
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<td>4:20 – 4:28</td>
<td>Colin McClelland, MD</td>
<td>Ophthalmoplegic Red Flags</td>
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<td>Minneapolis, MN</td>
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<td>4:28 – 4:36</td>
<td>Kyle Arnoldi, CO</td>
<td>Non-surgical Management of Ophthalmoplegia</td>
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<td>Buffalo, NY</td>
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<tr>
<td>4:36 – 4:44</td>
<td>Steven Archer, MD</td>
<td>Surgical Management of Ophthalmoplegia</td>
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<td>Ann Arbor, MI</td>
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<tr>
<td>4:44 – 4:52</td>
<td>Stephen P. Christiansen, MD</td>
<td>Ocular Dysmotility and Craniofacial Anomalies</td>
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<td>Boston, MA</td>
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<tr>
<td>4:52 – 5:00</td>
<td>Darren Oystreck, OC(C)</td>
<td>Congenital Cranial Dysinnervation Disorders</td>
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<td>Halifax, NS, Canada</td>
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<tr>
<td>5:00 – 5:15</td>
<td>Stephen P. Christiansen, MD</td>
<td>Discussion, Questions, Case Presentations</td>
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<td>Boston, MA</td>
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# AACO Scientific Session Schedule

**Monday, November 13, 2017**  
**Grand A**

## AAP/AACO Symposium: When to Image the Pediatric Patient

**Moderator: Geoffrey Bradford, MD**

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
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<tbody>
<tr>
<td>8:30 – 8:40</td>
<td>Sarah Mackinnon, CO</td>
<td>Case Presentation and clinical signs</td>
</tr>
<tr>
<td>8:40 – 8:50</td>
<td>Shelley Klein, CO</td>
<td>Case Presentation and clinical signs</td>
</tr>
<tr>
<td>8:50 – 9:10</td>
<td>Mitchell Strominger, MD</td>
<td>When to Image the Child with Motility and Pupillary Abnormalities</td>
</tr>
<tr>
<td>9:10 – 9:30</td>
<td>Michael Siatkowski, MD</td>
<td>When to Image the Child with Nystagmus and Optic Nerve Abnormalities</td>
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<tr>
<td>9:30 – 9:55</td>
<td>Ken Ward, MD</td>
<td>Pediatric Neuroimaging of Ophthalmologic Disorders</td>
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<tr>
<td>9:55 – 10:15</td>
<td>Geoffrey Bradford, MD</td>
<td>Panel Discussion, Question &amp; Answer</td>
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<tr>
<td>10:15 – 10:30</td>
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<td>BREAK</td>
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## Scientific Session

**Moderator: Jennifer Lambert, CO**

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<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
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<tbody>
<tr>
<td>10:30 – 10:45</td>
<td>Anna Schweigert, CO</td>
<td>Periocular Asymmetry in Patients with Deformational Plagiocephaly</td>
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<tr>
<td>10:45 – 11:00</td>
<td>Brenda Bohnsack, MD</td>
<td>Leukocoria</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Manishi Desai, MD</td>
<td>The Latest and Greatest in Glaucoma &amp; Why it Matters To Orthoptists</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Blair Armstrong, MD</td>
<td>The Latest and Greatest in Oculoplastics &amp; Why it Matters To Orthoptists</td>
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<tr>
<td>12:00 – 12:15</td>
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<td>Panel Discussion</td>
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<tr>
<td>12:15 – 1:30</td>
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<td>LUNCH</td>
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2017 Richard G Scobee Memorial Lecture

Introduction to the 48th Richard G Scobee Lecturer

1:30 – 2:15  Steven Kraft, MD  What Did They Know Then? A Journey Among Giants of the Past

2:25 – 2:30  Award Presentations

Scientific Session

Moderator: Leslie France, CO

2:30 – 2:45  Cheryl McCarus, CO, COMT  Update on the Medical and Orthoptic Treatment of Multiple Sclerosis and Parkinson Disease

2:45 – 3:00  Jocelyn Zurevinsky, OC(C)  Ten TED Signs: How Many do you Remember?

3:00 – 3:15  Lindsay Klaehn, OC(C), CO  If Not Myasthenia, then What?

3:15 – 3:30  Discussion

3:30 – 3:45  BREAK

3:45 – 4:00  Kaylee Bram, 2nd year student  The Great Masquerader

4:00 – 4:15  Aaron Miller, MD  Treatment of Acquired Nystagmus

4:15 – 4:30  Jessica Lee, 2nd year student  Down and Out

4:30 – 4:45  Sarah Whitecross, OC(C), CO  Diplopia following Globe Injury

4:45 – 5:00  Discussion
Instruction Course Schedule  
Tuesday, November 14, 2017  
Grand Chenier Room

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<tr>
<td>8:30 – 9:30</td>
<td>Furr, et al</td>
<td>The Life and Legacy of Miss Ida Lucy Iacobucci, CO</td>
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<tr>
<td>9:45 – 10:45</td>
<td>Darren Oystreck, OC(C)</td>
<td>ABCs of the CCDDs – An overview of the Congenital Cranial Dysinnervation Disorders</td>
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<tr>
<td>11:00 – 12:00</td>
<td>Kyle Arnoldi, CO</td>
<td>The Good, the Bad, and the Ugly: A 200-year Debate on Binocular Correspondence</td>
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Recognizing Dangerous Diplopia  
Andrew Lee, MD  

It is important for orthoptists to recognize certain symptoms and signs indicative of serious disease when evaluating the cause of diplopia. For example, myasthenia gravis (MG) should be considered in every case of painless, pupil-spared, non-proptotic diplopia. Be aware of fatigue, variability of intermittent symptoms, ptosis with or without ophthalmoplegia, and bilateral or unusual motility findings. Systemic myasthenia can be life-threatening. Some of the most common errors in evaluating MG include failure to consider MG in a diagnosis and operating on a patient with MG after only one office visit. Pain, proptosis, pupil involvement, paresthesias in the trigeminal distribution excludes the diagnosis of MG. A diabetic patient in diabetic ketoacidosis with diplopia and a mass in the cavernous or sphenoid sinus with ophthalmoplegia or optic neuropathy has fungal disease (e.g.: mucormycosis or aspergillosis) until proven otherwise. Most diabetic palsies are benign, but a vasculopathy is allowed only one cranial neuropathy at a time. The highest risk encounter that most orthoptists will see is an aneurysm in a patient with a pupil-involved third nerve palsy.

Orthoptists must recognize dangerous diplopia! Fortunately, there are usually sufficient red flags to identify those cases in which diplopia is a sign of a medical emergency. This course will familiarize the orthoptist with those red flags.

Successful management of Thyroid Eye Disease–Strabismus and the Ophthalmologist/Orthoptist Partnership  
Michael Kazim, MD  
The successful management of Thyroid Eye Disease-Strabismus requires a team approach between ophthalmologist and orthoptist which accounts for:
1. Pathophysiology of TED  
2. Phenotypic variation of TED  
3. Natural History of the TED  
4. Accurate assessment the stage of TED  
5. The exclusion of confounding and or coexisting diseases  
6. Active support of TED patients while awaiting definitive surgical rehabilitation  
7. Multidimensional surgical planning predicated on comprehensive, reproducible orthoptics measurements.

This lecture will examine each of these elements and demonstrate the value of a close collaborative relationship to the successful therapeutic outcomes and evolution of surgical techniques which we have evolved.
The Neuro Work-up: It’s not just for Brainiacs!  11:00 AM – 12:00 PM  
Jorie Jackson, CO, Cindy Avilla, CO, Angela Dillon, CO  
Maurepas

Seeing a neuro-ophthalmology patient in your orthoptic clinic can be intimidating, overwhelming, and time-consuming. In this course we will breakdown the work up to make the exam quicker and simpler for you while still providing good information for the physician.

We will discuss how to be efficient but thorough in your approach to the neuro-orthoptic work up. We will discuss how to breakdown the sensory aspect of the exam making it easier to interpret and separate it from the neuro symptoms. We will also discuss what to do with the information you gather and how to quickly develop a recommendation to your physician. At the end of this course the orthoptist will know how to work through an orthoptic- neuro exam efficiently while still providing good information to his or her physician.

Fusion Mechanisms and Disruptions  1:30 PM – 2:30 PM  
Gill Roper-Hall, DBOT, CO, COMT  
Maurepas

Human binocular vision is based on a very sophisticated system with neural substrates and well known ocular sensory and motor components. The system is somewhat forgiving when it is temporarily disrupted. If this disruption occurs in an adult with well-developed fusion mechanisms, temporary disruptions from such causes as trauma or stroke with spontaneous or assisted recovery may result in restoration of normal binocular behavior. If this disruption occurs a young age during the critical period for development, fusion may often be restored if steps are taken quickly to restore the status quo.

But what about the many previously normal adult patients whose fusion is disrupted and cannot be restored to normal? This talk will address the neural basis for fusion, describe some of the mechanisms that cause disruption and give several case examples of patients in whom restoration of fusion remains elusive.

Traumatic Brain Injury and the Post-Concussion Syndrome  2:45 PM – 4:15 PM  
Ankooor Shah, MD  
Maurepas

Mild traumatic brain injury (mTBI or concussion) is the most common type of brain injury, accounting for about 90% of all traumatic brain injuries. Concussion causes diffuse axonal damage, metabolic abnormalities, and abnormal regional blood flow that often is not visible on neuroimaging. Symptoms of mTBI include sudden, brief impairment of consciousness, paralysis of reflexes, and memory loss surrounding the event. Repeated mTBI, such as can occur in professional athletes, can lead to post-concussion syndrome (PCS) which presents with a variety of physical and psychological symptoms including headache, double vision, dizziness, sleep disturbances, emotional lability, depression and confusion. PCS is best managed with a multi-disciplinary team that includes neurology, ophthalmology, psychiatry, occupational therapy, optometry and orthoptics. This course will review the ocular signs and symptoms of PCS and treatment methods in common use.
What you Should Know but may have Forgotten: Sensory Testing
Ronald Biernacki, CO
Megan Evans, CO
Kathleen Curtin, CO
Felicia Korpi, CO
8:30 AM – 9:30 AM
Napoleon A3

This course is designed to look back on things we know, but may not think about on a daily basis in clinic. We will discuss the physiology of normal binocular vision, talk about normal retinal correspondence, the Horopter and Panum's fusional area. We will review the development of vison and obstacles to single binocular vision. We will discuss the forms of abnormal retinal correspondence and review the testing and treatments.

Optical Aberrations and Monocular Diplopia
Manjool Shah, MD
9:45 AM – 10:45 AM
Napoleon A3

The orthoptist is occasionally referred an adult patient with monocular diplopia or visual disturbances beyond blur or aniseikonia. And in some cases, these visual distortions cannot be relieved with pinhole or correction of refractive error. This case-based course will describe several etiologies for monocular optical aberrations and diplopia, many of which are iatrogenic in origin. The common and uncommon causes of these aberrations will be reviewed, as well as methods to diagnose and potentially treat them.
The Effect of Refractive Error on Strabismus: There’s SO much more than Accommodative ET!  
11:00 AM – 12:00 PM  
Napoleon A3  
Diana Shamis, CO, COMT, MSHE

Course Description
- Discussion of the effect of refractive errors on strabismus including:
  - Accommodative Esotropia
  - Intermittent exotropia
  - Decompensation of pre-existing strabismus.
  - Induced prismatic effect due to anisometropia.
  - Fixation switch diplopia due to monovision.
  - Strabismus due to high axial myopia
  - Effect of strabismus on measurement techniques.

Course Objectives
By the end of the course the participant should be able to:
- Explain how refractive errors affect ocular alignment including:
  - Accommodative ET
  - Intermittent XT
  - Decompensation of pre-existing strabismus.
  - Induced prismatic effect due to anisometropia.
  - Fixation switch diplopia due to monovision.
  - Strabismus due to high axial myopia
- Explain the effect of strabismus on measurement techniques and how to compensate for differences in results.

Diplopia Associated with Macular Disease: Opening Pandora’s Box  
1:45 PM – 2:45 PM  
Napoleon A3

Lindsay Klaehn, OC(C), CO  
Andrea Kramer, CO

Through the presentation of illustrative cases, we will discuss new ways to evaluate and manage diplopia associated with macular disease. Presented cases will illustrate when, why and how to use the Awaya aniseikonia test, M-Charts, optotype-frame test, synoptophore superimposition slides, and image size lenses, as well as how to apply findings to patient management.

The use of the Awaya test, M-charts, image size lenses, and synoptophore allows more complete assessment of the various manifestations of diplopia associated with macular disease. The new optotype-frame test allows rapid evaluation of whether or not there is retinal misregistration with central-peripheral rivalry.

Diplopia associated with macular disease can be both difficult and frustrating to assess. Through this course, orthoptists and clinicians will gain insight regarding standardized assessment and the advantages of a step-wise approach to managing patients with diplopia due to macular disease.
Orthoptists frequently see children referred to rule out sensorimotor abnormalities associated with problems in school. In some cases, these problems are due to uncorrected refractive error, strabismus, or convergence problems. But often the routine sensorimotor exam is entirely normal. This course will provide a summary on the latest information on how we read, specifically the eye functions necessary to read and how to evaluate them. Also discussed will be the etiology of dyslexia and effective, evidence-based remedial treatments. We will further examine controversial eye therapies such as Vision Therapy, Behavioral Optometry practices and Colored lenses/filters. We will provide information on what the orthoptist can tell parents, how to assist patients in finding appropriate professionals to diagnose dyslexia, treat, and recommend educational modifications.

Dichoptic Therapy, Video Games and Amblyopia: what Orthoptists need to know about gaming the [visual] system

While it is well known in clinical circles that the amblyopic eye is subject to strong inhibition from the fellow eye, the mainstay of treatment has been, and continues to be a monocular one, namely, patching. Recent research concepts have shifted thinking away from viewing amblyopia as simply a monocular disorder to that of it being a result of damage to the binocular vision system that thus requires a primary binocular approach to treatment. Dichoptic therapy involves sending separate and independent images to each eye under binocular viewing conditions, and is purported to reduce suppression of the amblyopic eye in an effort to improve binocular (stereopsis) as well as monocular (visual acuity) visual deficits.

Video gaming research has shown that gamers enjoy many advantages over non-gamers, such as better attentional resource allocation and reaction times, and are better at exploiting task-relevant information. Video games often have complex scenes and are goal-oriented, and this enriched visual environment may promote cortical plasticity. Video games, even under monocular testing conditions, have been shown to result in improvements to amblyopic deficits. Video games, then, seem poised to be an ideal option to employ in a dichoptic therapy platform.

Many of these studies are showing promising improvements in visual acuity and stereoaucuity in amblyopia. But how good are these improvements? Are they clinically relevant gains or simply statistically significant ones? Are they truly addressing suppression? How is compliance? Are there any risks to this type of therapy that patients should know about? Is it time to abandon patching as a mainstay of amblyopia treatment? This workshop will present several studies using dichoptic therapy and video games in the treatment of amblyopia, explain the theoretical principles behind them and assess results from a clinical perspective.
Ophthalmoplegia – When the Eyes Won’t Move
Symposium Chairs: Casey Mickler, MD and Stephen P. Christiansen, MD

Cosponsoring Organizations: American Orthoptic Council (AOC) and the American Association of Certified Orthoptists (AACO)

Abstract: Ophthalmoplegia is often perceived as a complex entity with a confusing combination of clinical presentations and overlapping diagnostic entities. Ophthalmoplegia may also be an indicator of more serious neurological or systemic pathology. Thus, many eye-care providers, when presented with such a patient, simply refer him or her to the nearest subspecialist. However, the care of these patients is not only interesting, but highly rewarding, and a multi-disciplinary team-based approach ensures optimal clinical and functional outcomes. In this symposium, the essentials of assessment and initial treatment are reviewed and attendees will be updated on clinical and surgical approaches to management.

Results: Attendees will learn: 1.) The essentials of assessment and initial management of patients with ophthalmoplegia; 2.) When to make appropriately-directed referrals; 3.) New surgical and non-surgical approaches to treatment; and, 4.) How to optimize both clinical and functional outcomes with multi-disciplinary team-based care.


Target Audience: Pediatric Ophthalmologists, Neuro-ophthalmologists, Comprehensive Ophthalmologists, Orthoptists

Format: Lectures with case presentations and panel discussion.
When to Image the Pediatric Patient

Speakers: Geoffrey Bradford, MD, Sarah MacKinnon, CO, Shelley Klein, CO, Mitchell Strominger, MD, Michael Siatkowski, MD, Ken Ward, MD

Over decades, there have been great advances in imaging, yet with that there have also been increased discoveries of the risks associated. As the risk versus benefit of imaging has increased, so does the decision when to image the pediatric patient become more challenging. There are many factors to consider. Sedation and gadolinium, often used when performing this test on the young patient, are two major concerns of both professionals and parents. Although this diagnostic test is very safe and emits no radiation, it is costly, long, loud and potentially anxiety-provoking. Despite these risks, our need to know the underlying cause of our patients ophthalmic conditions will always be our first priority.

It is a daily occurrence in our pediatric practice to see patients with red eye, anisocoria, strabismus, nystagmus and optic nerve abnormalities. They are all common pediatric eye conditions that could potentially have serious consequences. But they all do not require imaging. The need to image may be very obvious like the child presenting with severe headache, vomiting and diplopia or subtle like the child who has no behavior changes but presents with a head position.

This symposium will feature a panel of two pediatric neuro-ophthalmologists who will review and highlight the common and serious diseases with subtle ophthalmologic findings that require imaging, two orthoptists presenting challenging cases and the red flags observed while performing their orthoptic evaluation and a pediatric neuroradiologist will present a brief overview of how the MRI works, along with what to order, and the differences between signals and how it pertains to the pediatric patient with abnormalities in the anterior and posterior visual pathway. The decision when to image the pediatric patient must be looked at from all angles. While our greatest concern always is the “not to miss” cases, we also need to weigh the risks and benefits of MRI and neuroimaging.
Periocular Asymmetry in Patients with Deformational Plagiocephaly
Anna Schweigert, CO 10:30 – 10:45 AM

Deformational Plagiocephaly (DP) refers to a misshapen skull in infants caused by repeated pressure to the same area of the back of the head, commonly produced by sleep position, trauma, torticollis, or in-utero constraint. The main features of DP are unilateral occipital flatness, contralateral facial asymmetry, and torticollis. Helmet therapy is the most effective in correcting both cranial and facial asymmetry. The purpose of this study was to identify whether there are clinically significant periocular features associated with DP.

Methods: We identified patients with DP in our ophthalmology clinic that met the criteria of unilateral occipital flatness, ipsilateral anterior ear displacement, ipsilateral frontal bossing, and contralateral frontal flatness. The patients had their face and top of the head photographed. Four examiners analyzed the photographs and assessed the patients’ periocular features.

Results: Twenty-five patients were included (age range 3 months to 6 years). Pseudo-enophthalmos and pseudoptosis were detected in 23 patients by all examiners and in two patients by two examiners. Nineteen patients presented pseudo-brow ptosis. All affected eyes were contralateral to the DP. The four children visiting our clinic for blepharoptosis evaluation had normal lid crease and levator function, and were diagnosed with pseudoptosis related to their DP. Two patients returned for a follow-up post-helmet treatment showing improvement of the eyelid asymmetry. Horner syndrome was suspected in a patient presenting miotic pupil and pseudoptosis, and was excluded after both eyes dilated equally with 10% cocaine drops.

Conclusion: Children with DP may present periocular asymmetry consisting of pseudo-enophthalmos, pseudoptosis, and pseudo-brow ptosis as a result of the changes in the facial bones that are common in DP. Helmet therapy may improve periocular asymmetry without any ophthalmology intervention. Recognizing the association between DP and periocular asymmetry may help examiners eliminate concerning conditions involving blepharoptosis in infants.

Leukocoria 10:45 – 11:00 AM
Brenda Bohnsack, MD

Leukocoria is an urgent referral to the pediatric ophthalmology clinic, as it is pathognomonic for such urgent findings as retinoblastoma. This condition can present in a variety of ways. The presenter will review the evaluation, differential diagnosis, and management of these complex patients.
The Latest and Greatest in Glaucoma and Why it Matters to Orthoptists
Manishi Desai, MD 11:00 – 11:30 AM

Glaucoma is the second leading cause of blindness worldwide and a common finding in patients throughout many of our eye clinics. Advances in surgical techniques and implants, as well as drug therapies, will be discussed. In addition, it is well documented that glaucoma surgery may cause diplopia. The presenter will discuss these findings and how she addresses these complications in her own clinic.

The Latest and Greatest in Oculoplastics and Why it Matters to Orthoptists
Blair Armstrong, MD 11:30 – 12:00 PM

Oculoplastics, the ophthalmic specialty that treats the structures around the eye, including the orbit, lids, brows, and tear ducts, is an integral part of the ophthalmic care team. The speaker will present cases that display advances in the subspecialty. In addition, as one of the subspecialties that works closely with orthoptists through shared cases and patients, the presenter will discuss the role of orthoptics in her practice.
Dr. Kraft is staff ophthalmologist in the Departments of Ophthalmology and Vision Sciences at Toronto’s Hospital for Sick Children, practising paediatric ophthalmology with a specialty interest in strabismus, and at the University Health Network in Toronto, specializing in adult strabismus and botulinum treatment of dystonia and strabismus. He is a graduate of the class of 1978 of the University of Toronto Faculty of Medicine, and he completed his residency in ophthalmology there in 1982. His fellowships in paediatric ophthalmology and strabismus included one year at the University of Iowa Hospitals and Clinics in Iowa City, under Drs. William Scott and Frank Judisch, and 6 months in San Francisco, California at the Smith-Kettlewell Institute and Pacific Medical Center, under Drs. Arthur Jampolsky and Alan Scott.

He is Professor in the Department of Ophthalmology and Vision Sciences at the University of Toronto, having been promoted in 2001. His research interests include clinical and surgical advances in strabismus, diagnosis of amblyopia, botulinum toxin therapy of strabismus and neurologic disorders, and children’s vision development.

Dr. Kraft has published 106 peer-reviewed papers and 42 book chapters, and he has given over 360 presentations all over the world. He has trained 155 part-time and full-time fellows in strabismus and paediatric ophthalmology from over 40 countries, and he has been a visiting professor in 45 institutions.
Dr. Richard Scobee has the honorary title of “The Father of American Orthoptics”. He made numerous contributions to strabismology and orthoptics in an all-too-brief 10-year career. His legacy includes the American Orthoptic Journal, of which he was the first editor, and the American Orthoptic Council which he helped establish and nurture in its early years. He was a man of many talents and hobbies, one of which was an interest in historical stamps.

This led me to consider honoring his memory by delving into the remote history of ophthalmology, to see what eminent pioneers in the specialty knew and wrote about in their treatises on eye muscle disorders and binocular vision. Our journey into the past will include 8 personalities and their works, ranging from the 7th century through to the early 19th century, and encompassing Europe, the Middle East, Great Britain, and North America.

Delving into the writings of these masters affords one glimpses into the knowledge base and philosophies that were prevalent in different centuries. Many of these individuals were innovators who pushed the boundaries of knowledge. Some of them made advances using intuition and reason, mainly through case experience and case studies, while others used the scientific method to gain new information.

In many cases, the words written by these luminaries, and written centuries ago, still resonate with us today, and guide us in our everyday practices. I hope that this journey will be enlightening for orthoptists, ophthalmologists, and allied health personnel, and confirm, as in many areas of science, that we truly stand on the shoulders of giants: the masters from the recent and the distant past.
Update on the Medical and Orthoptic Treatment Modalities and their Effects on Patients with Multiple Sclerosis and Parkinson Disease
Cheryl McCarus, CO, COMT

Patients with multiple sclerosis and Parkinson’s disease are a growing population estimated to double in the next 20 years. Both diseases have significant clinical manifestations that can occur several years before diagnosis is made. The use of OCT as a marker is under study and is proving to be reliable. A review of the recent literature and case reviews will be presented.

Ten TED Signs: How Many do you Remember?
Jocelyn Zurevinsky, OC(C)

Thyroid eye disease is commonly seen in adult strabismus practices and is well known by orthoptists. This interactive presentation will remind you of 10 useful TED facts that will aid in orthoptic management of this disease.

If Not Myasthenia, then What?
Lindsay Klaehn, OC(C), CO

Purpose: To describe a case of atypical chronic inflammatory polyneuropathy with an unusual course.
Design: Illustrative single case report
Methods: A 59 year-old male presented for orthoptic evaluation, with a 2-year history of progressive dysphonia, diplopia and mild left ptosis. Previous eye muscle surgery had been performed elsewhere. Alignment testing, MRI imaging, muscle biopsy and blood test results are presented, along with the patient’s response to treatment.
Results: Orthoptic evaluation revealed a 65 prism diopter exotropia with 20 prism diopters of right hypotropia, bilateral limitation of adduction, and limitation of depression in the left eye. There was also bilateral orbicularis weakness. Myasthenia blood panel, single fiber EMG and trial of mestinon were all negative. MRI showed mild enlargement of the left lateral rectus and mild nonspecific white matter changes. Biopsy of the lateral rectus showed muscle fibrosis. 13:35 Lumbar puncture was also negative. Patient’s treatment included cyclophosphamide and methylprednisone.
Conclusions: Chronic inflammatory polyneuropathies may present with a wide range of clinical findings. This case report illustrates how polyneuropathies can present similarly to myasthenia.
The Great Masquerader 3:45 – 4:00 PM
Kaylee Bram, 2nd year Orthoptic Student

The purpose of this course is to address the common clinical findings of Myasthenia Gravis (MG) and compare prevalence of classic symptoms, systemic treatment modalities, and ocular treatment options. We will review common clinical findings of MG patients that present to Vanderbilt Eye Institute and discuss the course of management of a few cases.

Treatment of Acquired Nystagmus 4:00 – 4:15 PM
Aaron Miller, MD

Patients can acquire nystagmus from a multitude of causes. The impact on their daily lives can be profound, resulting in severe disability. Causes of acquired nystagmus will be discussed along with a few cases showing how surgical management improved the patient’s visual function and quality of life. Particular attention will be devoted to vertical and torsional nystagmus.
Purpose: Discussion of prevalence of oculomotor palsy in pediatric population and case presentation of patients with atypical findings.

Methods: Retrospective study of pediatric oculomotor nerve palsy within the pediatric population at Vanderbilt Eye Institute over the past 10 years.

Results: From January 1st 2006, through February 21st 2017 there were 105 pediatric patients (under the age of 18) diagnosed with one of the following codes for oculomotor palsy: (ICD10) H49.00, H49.01, H49.02, H49.03, (ICD 9) 378.51 & 378.52. Of the 104 patients 74 were confirmed to be diagnosed with a CN III palsy. Of the 74 patients 53 were male and 21 were female, the right eye was involved in 34, left eye 31, and bilaterally in 9 patients. The most common etiology within our sample were masses and lesions consisting of 19 patients, 14 of which were males and 5 females. The category of masses and lesions was defined by MRI or CT impression, lesions, masses, malignant & benign tumors were not differentiated within the group. The second most common etiology was found to be motor vehicle accidents with 12 patients, again predominantly male with 10 incidents vs females with 2 incidents. Motor vehicle accidents was differentiated from traumatic in which 8 patients were identified, males were again found to have a higher instances rate with 7 patients in contrast to 1 female patient. Ten patients were identified as congenital, 8 of which were male with 6 having left eye involvement and 2 with right eye, 2 females were found to be congenital with even distribution between left and right eye. 8 patients were found to have at least one other cranial nerve palsy. 5 female patients were suspected as having post viral, there were no males represented in this group. In 5 patients the etiology was still unknown. 2 patients were initially diagnosed as a suspect third nerve but were later discovered to have myasthenia gravis and were excluded.

Conclusions: Oculomotor nerve palsy within the pediatric population can be deceiving and potentially take a long time to diagnose. This is in part due to numerous interventions, variability of presentations and assorted etiologies. Will further discuss some of the atypical presentations that were found, and how they were managed. There were many limitations to this retrospective study such as coding errors, incomplete records or quantifiable data.
Diplopia following Globe Injury
Sarah Whitecross, OC(C), CO

Saving the eye and recovery of vision is often the primary goal following an open globe injury. However, along with the recovery of the eye and sight, symptoms of diplopia can occur. And while treating these symptoms may not always be the primary concern, the diplopia these patients encounter can often be quite debilitating. In addition, management can be quite challenging: vision may not be fully recovered or remain quite poor, strabismus may be incomitant and variable, and there may be a monocular component to the diplopia. Therefore the orthoptist can play a very important role in the evaluation, assessment for further treatment and non-surgical management of these patients.
The Life and Legacy of Miss Ida Lucy Iacobucci, CO

8:30 – 9:30 AM

Bruce A. Furr, CO, PhD; Katie Patterson, CO; Phillip Villanueva, COT; Anthony Yamarino, COA, CO

Our beloved Miss Ida Lucy Iacobucci passed away June 1\textsuperscript{st}, 2017. She was born January 22, 1932 in Detroit, Michigan. Her loving parents, Antonio and Nina, brought her to the University of Michigan to be treated for her own eye problems. That experience started her journey in the field of vision and her devotion to the University of Michigan. “Miss Ida”, as she was known to everyone, was an Orthoptist for 60 years. After training at the University of California-San Francisco, she came back to Michigan and lived her life as a goodwill ambassador for the American Association of Certified Orthoptists. She published many journal articles, authored two textbooks, developed new methods of treatment, and trained more than 300 residents and orthoptic students in HER Kellogg Eye Center clinic, the Ida Lucy Iacobucci Orthoptic Clinic. In 1985, she received the Lancaster Award, and in 2016 was honored with the Lifetime Service Award from the W.K. Kellogg Eye Center. She was an icon in the field of Orthoptics.

This instruction course will be presented by colleagues and former students of Miss Ida. Topics near and dear to her heart will be presented, including use of Bangerter foils and Fresnel prisms for diplopia secondary to maculopathies, high plus lenses with hypoaccommodative patients, the use of press-on prisms for strabismus, and Orthoptic exercises.
ABCs of the CCDDs – An overview of the Congenital Cranial Dysinnervation Disorders
Darren Oystreck, OC(C)  9:45 – 10:45 AM

Advances in genetics and neuroimaging have provided new insight to many complex forms of congenital strabismus. This wealth of information has led to the evolution of a new classification system for those conditions due to a primary maldevelopment of brainstem and/or cranial nerves that affect innervation of the extraocular muscles, lids, or facial muscles. This system incorporates both genetic and clinical information.

This workshop will review the conditions encompassed within this category. It will also include a summary of the main phenotypic features that will assist the clinician to recognize a patient who potentially has a CCDD and which features may warrant additional investigation.

The Good, the Bad, and the Ugly: A 200-year Debate on Binocular Correspondence
Kyle Arnoldi, CO  11:00 – 12:00 PM

In 1826, at the age of 25, Johannes Peter Müller described what would eventually become known as anomalous retinal correspondence (ARC). He called it “strabismus incongruous”, defined it as “wrong identity of both visual fields”, and believed that this condition caused strabismus. Over the nearly 200 years since, ophthalmologists and visual physiologists have argued about the existence of ARC. There is no question that some patients with childhood onset strabismus will report fusion on sensory tests. It is the interpretation of these responses that is debated. Can they be believed? Are the sensory tests flawed, resulting in a false fusion response? Is this true fusion due to Panum’s Fusional Space, as some contend? Or is it “lost localization” or a monocular phenomenon as others believe? Is there any relationship between ARC and horror fusionis and central loss of fusion and anomalous correspondence? In this presentation, the clinical, anatomical, and physiological evidence supporting and refuting the two sides of the debate will be reviewed.
# Meetings by Committee

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>Fri Nov 10</td>
<td>5:00pm – 7:00pm</td>
<td>Rex</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>Fri Nov 10</td>
<td>5:00pm – 7:00pm</td>
<td>Rex</td>
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<tr>
<td>Education Committee</td>
<td>Sat Nov 11</td>
<td>5:15pm – 7:15pm</td>
<td>Bayside A</td>
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<tr>
<td>Business Meeting</td>
<td>Sun Nov 12</td>
<td>8:30am – 11:00pm</td>
<td>Napoleon A</td>
</tr>
<tr>
<td>AOJ Editorial Board Meeting</td>
<td>Sun Nov 12</td>
<td>6:00pm – 7:00pm</td>
<td>Edgewood</td>
</tr>
</tbody>
</table>

# Social Gatherings

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>New Orthoptist Reception</td>
<td>Fri Nov 10</td>
<td>7:00 PM</td>
<td>Rex</td>
</tr>
<tr>
<td>AACO Reception Ballroom</td>
<td>Sun Nov 12</td>
<td>7:00 PM –11:00 PM</td>
<td>Waterbury</td>
</tr>
</tbody>
</table>
AACO Officers & Representatives

Executive Committee
President                Shelley Klein
Vice President          Kyle Arnoldi
Secretary               Chantel Devould-Henderson
Treasurer               Alicia Baird
Past President          Cheryl McCarus

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Midwest Regional Representative Rebecca Parrish
Southern Regional Representative Lauren Pendarvis
Western Regional Representative Cathy Hall
AOC Elected Representatives Ron Biernacki & Rachel Jenkins
IOA Elected Representative Kyle Arnoldi
JCAHPO Elected Representative Alex Christoff

2016-2017 Appointed Positions
AAP Representative      Shelley Klein/Sarah Whitecross
AOJ Acting Editor-in-Chief Kyle Arnoldi
Costenbader Loan        Pamela Huston
Tribute Fund
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East                    Cheryl Capobianco
Midwest                 Gill Roper-Hall
South                   Lauren Pendarvis
West                    Amanda Yonkers
Past President          Cheryl McCarus

Vision Screening
Chair                   Dipti Desai
Members                 Lisa Rovick, Michelle Herrin, Pattye Jenkins, Dimitra Triantafilou

Website                 Elizabeth Gayeski, Marlo Galli
2016 – 2017 Committee Chairpersons

Bylaws
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Ethics
Fundraising
Historical
Honor Certificate
Instruction
Jean Robinson Library
Lancaster Award
Membership
Newsletter
Nominating
Practice Management
Program
Public Relations
Registration
Scobee Memorial
Straight Scoop
Student Advisory

Mary DeYoung-Smith
Tara Bragg
TBD
Dusty Gronemeyer
Barbara Schneekoth
Manu Kadar
Kyle Arnoldi
David Hodgetts
Lisa Rovick
Paula Schanilec
Gill Roper-Hall & Cathy Hall
Pattye Jenkins
Ryan McMurtrey
Jennifer Lambert
Marlo Galli
Amanda Yonkers
Katherine Fray
Terra Haller
Terra Haller

Ad-Hoc Committees

AACO Long Range Planning
International Affairs
Membership Expansion
Retired Orthoptist Outreach

Ron Biernacki, Lisa Fraine, Alex Christoff
Laura Hodges
Gill Roper-Hall, Jennifer Lambert, Paula Schanilec
Gill Roper-Hall, Dale Blanche, Carole Goodman,
Leslie
France, Pattye Jenkins, Ellen-Whitworth Powell

Organizational & Bylaws Review
Chair
Bylaws Committee
Pattye

Mary DeYoung-Smith
Judy Petrunak, Jacque Shimko, Kathleen Curtin,
Jenkins, Sally Murray, Lisa Hartemayer
## Index of Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archer, S</td>
<td>9</td>
<td>Lee, J</td>
<td>11, 26</td>
</tr>
<tr>
<td>Armstrong, B</td>
<td>10, 21</td>
<td>Mickler, C</td>
<td>9, 18</td>
</tr>
<tr>
<td>Arnoldi, K</td>
<td>9, 12, 29</td>
<td>Miller, A</td>
<td>11, 25</td>
</tr>
<tr>
<td>Avilla, C</td>
<td>14</td>
<td>McCarus, C</td>
<td>11, 24</td>
</tr>
<tr>
<td>Biernacki, R</td>
<td>5, 15</td>
<td>McClelland, C</td>
<td>9</td>
</tr>
<tr>
<td>Bohnsack, B</td>
<td>10, 20</td>
<td>MacKinnon, S</td>
<td>10, 19</td>
</tr>
<tr>
<td>Bradford, G</td>
<td>10, 19</td>
<td>Oystreck, D</td>
<td>9, 12, 29</td>
</tr>
<tr>
<td>Bram, K</td>
<td>11, 25</td>
<td>Patterson, K</td>
<td>28</td>
</tr>
<tr>
<td>Christiansen, S</td>
<td>9, 18</td>
<td>Rainey, M</td>
<td>5, 17</td>
</tr>
<tr>
<td>Colpa, L</td>
<td>5, 17</td>
<td>Roper-Hall, G</td>
<td>9, 12, 29</td>
</tr>
<tr>
<td>Curtin, K</td>
<td>15</td>
<td>Schweigert, A</td>
<td>10, 20</td>
</tr>
<tr>
<td>Desai, M</td>
<td>10, 21</td>
<td>Shah, A</td>
<td>5, 14</td>
</tr>
<tr>
<td>Dietz, L</td>
<td>9</td>
<td>Shah, M</td>
<td>5, 15</td>
</tr>
<tr>
<td>Dillon, A</td>
<td>14</td>
<td>Shamis, D</td>
<td>5, 16</td>
</tr>
<tr>
<td>Evans, M</td>
<td>15</td>
<td>Siatkowski, M</td>
<td>10, 19</td>
</tr>
<tr>
<td>Furr, B</td>
<td>12, 28</td>
<td>Strominger, M</td>
<td>10, 19</td>
</tr>
<tr>
<td>Hunter, D</td>
<td>9</td>
<td>Triantafilou, D</td>
<td>17</td>
</tr>
<tr>
<td>Jackson, J</td>
<td>5, 14</td>
<td>Villanueva, Phillip</td>
<td>28</td>
</tr>
<tr>
<td>Kazim, M</td>
<td>5, 13</td>
<td>Ward, K</td>
<td>10, 19</td>
</tr>
<tr>
<td>Klaehn, L</td>
<td>5, 11, 16, 24</td>
<td>Whitecros, S</td>
<td>11, 27</td>
</tr>
<tr>
<td>Klein, S</td>
<td>10, 19</td>
<td>Yamarino, A</td>
<td>28</td>
</tr>
<tr>
<td>Kraft, S</td>
<td>11, 22, 23</td>
<td>Zurevinsky, J</td>
<td>11, 24</td>
</tr>
<tr>
<td>Kramer, A</td>
<td>16</td>
<td></td>
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</tr>
<tr>
<td>Lee, A</td>
<td>5, 13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Future Meetings

2018

AACO/IOA Spring Meeting
March 15 – 17, 2017  
Washington, DC

ISA/AAPOS
March 18 – 22, 2017  
Washington, DC

ARVO
April 29-May 3, 2018  
Honolulu, HI

The Canadian Orthoptic Society
May 31 – June 3, 2018  
Toronto, ON

North American Fusion Society
July 27 – 28, 2018  
Halifax, NS

AACO National Meeting
October 27-30, 2018  
Chicago, IL

2019

AAPOS Annual Meeting
March 27 – 31  
San Diego, CA

AACO Joint Regional Meeting
June 6 – 8, 2019  
Buffalo, NY

AACO National Meeting
October 12 – 15, 2019  
San Francisco, CA

Visit Orthoptics.org for the most up to date meetings and locations
**Saturday & Sunday:**
Maurepas/Napoleon A3
Third Floor

**Meeting Spaces**
- **BOD/Executive Committee**
  Rex – Eighth Floor
- **Education Committee**
  Bayside A – Fourth Floor
- **Business Meeting**
  Napoleon A – Third Floor
- **AOJ Editorial Board Meeting**
  Edgewood – Fourth Floor

**Monday: Grand Ballroom A & D**
**Tuesday: Grand Chenier**
Fifth Floor

**AACO Reception**
Waterbury Ballroom – Second Floor
ATTENTION:

Stickers and Evaluation Forms will only be handed out during each session. They will be available for the entire session, and the evaluation forms are due immediately at the end of the session (with the exception of Saturday—turn in forms at end of day). Stickers will not be handed out after the session for any reason.

Our reason for this change is an attempt to streamline the sticker/eval form exchange process. We are very grateful for the help our students provide, but it is still a large task. Please help us by making sure you pick up your forms and stickers on time.

You can find your stickers and eval forms at the table at the back of each lecture room.
Proof of Attendance – AACO National Meeting, New Orleans, 2017
Instruction Courses
Saturday, November 11, 2017

<table>
<thead>
<tr>
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<th>Course Title</th>
</tr>
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<tr>
<td>8:30 – 9:30</td>
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<td>9:45 – 10:45</td>
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Proof of Attendance – AACO National Meeting, New Orleans, 2017 Symposia

Sunday, November 12, 2017

Sunday Symposium

Monday, November 13, 2017

AM SESSION: AAP/AACO Symposium and Scientific Session

PM SESSION: Scobee Memorial Lecture and Scientific Session

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Proof of Attendance – AACO National Meeting, New Orleans, 2017
Instruction Courses
Tuesday, November 14, 2017

8:30 – 9:30

9:45 – 10:45

11:00 – 12:00
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CE Reporting Form
2017 AACO National Meeting
New Orleans, LA
Sheraton New Orleans

Name: ______________________________________

Address: ____________________________________________

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Phone #: ________________________________

<table>
<thead>
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<th>Date</th>
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I hereby certify that I participated in Instruction Courses, Scientific Sessions, and Symposiums at the 2017 Annual National Meeting, and that I have earned the above number of credits.

Signature: _______________________________ Date: ______________________

Kyle Arnoldi, AACO Vice President
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This is to certify that

__________________________

has attended
The 2017 ACO National Meeting
November 11 – 14, 2017

The American Orthoptic Council
Joint Commission on Allied Health Personnel in Ophthalmology

Kyle Arnoldi, AACO Vice President