2020 National Conference
Planning Materials

November 14-16, 2020
Online Conference
Meeting at a Glance
AACO 2020 National Meeting
Online Conference – Eastern Standard Time

Friday, November 13, 2020
6:00 PM – 8:00 PM  Board of Directors Meeting

Saturday, November 14, 2020
11:00 AM – 1:15 PM  Instructional Courses I
1:15 PM – 1:45 PM  Break
1:45 PM – 3:45 PM  Instructional Courses II
3:45 PM – 4:30 PM  Break
4:30 PM – 6:30 PM  Instructional Courses III

Sunday, November 15, 2020
11:00 AM – 12:30 PM  AACO Business Meeting
12:30 PM – 1:00 PM  Break
1:00 PM – 2:15 PM  Scientific Session I
2:15 PM – 3:15 PM  Break
3:15 PM – 4:45 PM  AAO/AACO/AOC Sunday Symposium
   2020 Update on 20/20 x 2: Diplopia After Ocular Surgery
4:45 PM – 5:45 PM  Scientific Session II

Monday, November 16, 2020
11:00 AM – 12:30 PM  Scientific Session III
12:30 PM – 12:45 PM  Break
12:45 PM – 1:45 PM  Scientific Session IV
1:45 PM – 2:45 PM  Break
2:45 PM – 3:50 PM  Scobee Memorial Lecture
3:50 PM – 5:05 PM  Scientific Session V
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**General Information**

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You never stopped taking care of our littlest patients’ eyes, pandemic or not.

MIRAFLEX® supports and thanks you for your dedication.
TEPEZZA is proven to¹⁻⁴:

- Decrease proptosis¹
- Improve diplopia¹
- Reduce orbital pain, redness, and swelling²,³
- Improve functional vision and patient appearance²,³

...in patients with Thyroid Eye Disease (TED), without concomitant steroids (vs placebo at Week 24).²,⁴

**INDICATION**

TEPEZZA is indicated for the treatment of Thyroid Eye Disease.

**IMPORTANT SAFETY INFORMATION**

**Warnings and Precautions**

**Infusion Reactions:** TEPEZZA may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with TEPEZZA. Reported infusion reactions have usually been mild or moderate in severity. Signs and symptoms may include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache, and muscular pain. Infusion reactions may occur during an infusion or within 1.5 hours after an infusion. In patients who experience an infusion reaction, consideration should be given to premedicating with an antihistamine, antipyretic, or corticosteroid and/or administering all subsequent infusions at a slower infusion rate.

**Preexisting Inflammatory Bowel Disease:** TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of TEPEZZA.

**Adverse Reactions**

The most common adverse reactions (incidence ≥ 5% and greater than placebo) are muscle spasm, nausea, alopecia, diarrhea, fatigue, hyperglycemia, hearing impairment, dysgeusia, headache, and dry skin.

For additional information on TEPEZZA, please see Full Prescribing Information at TEPEZZAhcp.com.

**Hyperglycemia:** Increased blood glucose or hyperglycemia may occur in patients treated with TEPEZZA. In clinical trials, 10% of patients (two-thirds of whom had preexisting diabetes or impaired glucose tolerance) experienced hyperglycemia. Hyperglycemic events should be managed with medications for glycemic control, if necessary. Monitor patients for elevated blood glucose and symptoms of hyperglycemia while on treatment with TEPEZZA. Patients with preexisting diabetes should be under appropriate glycemic control before receiving TEPEZZA.

**Significantly greater proptosis responder rate* (Study 2)¹,²**

<table>
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<th>TEPEZZA (n=41)</th>
<th>Placebo (n=42)</th>
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<td>10%</td>
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*Both the safety and efficacy of TEPEZZA were evaluated in 2 randomized, double-masked, placebo-controlled clinical trials (Studies 1 and 2) consisting of 171 patients with TED (84 were randomized to TEPEZZA and 87 to placebo). The primary endpoint in Studies 1 and 2 was proptosis responder rate, defined as having a ≥2-mm reduction from baseline in proptosis in the study eye at Week 24 without deterioration (≥2-mm increase in proptosis) in the non-study eye.¹

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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 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:

- Pediatric and Adult strabismus
- Amblyopia
- Thyroid Eye Disease
- Neurogenic strabismus
- Post Stroke Visual Impairment
- Diplopia
- Sensorimotor fusion
Saturday, November 14th, 2020

Instruction Courses

11:00 – 12:30 PM
Orthoptists! We put the “Sense” in Sensorimotor
Kyle Arnoldi CO, Jorie Jackson CO, Rachael Jenkins CO, Kathy Fray CO

12:30 – 1:00 PM
Press-On Prisms for Symptomatic Oblique Strabismus: A Simplified Approach
Alex Christoff, CO, COT

1:00 – 1:15 PM
Q&A

1:15 – 1:45 PM
Break

1:45 – 2:30 PM
Increasing Our Scope of Practice: Post Stroke Visual Impairment (PSVI) and Orthoptics
Joel Hyndman OC(C)

2:30 – 3:30 PM
Complex Cases in Neuro-ophthalmology
Sarah Whitecross MMedSci, CO, OC(C), Kaila Bishop MSc, OC(C), COMT, Jesse Bendler Orthoptic Student, COA, Taylor Gateman Orthoptic Student, BA, Gina Heidary MD, PhD, Eric D. Gaier MD, PhD, Ryan Gise MD, Kristyn Magwire CO

3:30 – 3:45 PM
Q&A

3:45 – 4:30 PM
Break

4:30 – 5:30 PM
Top Neuro-ophthalmic Emergencies You Can’t Afford to Miss!
Padmaja Sudhakar MD, Amrita Amanda Vuppala MD

5:30 – 6:15 PM
Management Options for High AC/A Accommodative ET
Sudha Nallasamy MD, Tiffany Yuen CO

6:15 – 6:30 PM
Q&A

6:30 PM
Adjourn
Scientific Session I

1:00 – 1:30 PM  Management of sensory and motor binocular problems in patients with neurodegenerative disease
Gill Roper-Hall, DBOT, CO, and Sangeeta Khanna, MD

1:30 – 2:00 PM  Thyroid Eye Disease: Update of Current Treatments
Marc Yonkers, MD

2:00 – 2:15 PM  Q&A Session

2:15 – 3:15 PM  Break

AAO/AACO/AOC Sunday Symposium
2020 Update on 20/20 x 2: Diplopia After Ocular Surgery

3:15 – 3:17 PM  Introduction
Shelley Klein, CO

3:17 – 3:27 PM  Diplopia after Retinal Detachment Surgery
Federico Velez, MD

3:27 – 3:37 PM  Diplopia following Epiretinal Membrane
Noor Ismaiel, CO

3:37 – 3:47 PM  Diplopia after Inadvertent Strabismus Surgery Complications
David Granet, MD

3:47 – 3:57 PM  Diplopia After Blepharoplasty
Marlo Galli, CO

3:57 – 4:07 PM  Diplopia After Glaucoma Surgery
Hilda Capo, MD

4:07 – 4:17 PM  Diplopia after Iatrogenic Monovision
Jorie Jackson, CO
4:17 – 4:27 PM  
**Diplopia after Orbital Surgery**  
Steven Archer, MD

4:27 – 4:30 PM  
**Closing remarks**  
Kanwal Nischal, MD

4:30 – 4:45 PM  
**Q&A Session**

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**Scientific Session II**

4:45 – 5:15 PM  
**A Chiral Twist: Understanding Directional Asymmetry in Duane Syndrome**  
Cassie A. Ludwig, MD, MS

5:15 – 5:30 PM  
**Refractive Amblyopia in Twins: double the trouble?**  
Alison Sexton, Orthoptic Student

5:30 – 5:45 PM  
**Q&A Session**

5:45 PM  
**Adjourn**

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Monday, November 16th, 2020

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**Scientific Session III**

11:00 – 11:30 AM  
**Incidence of Strabismus and Amblyopia Among Children Initially Diagnosed with Pseudostrabismus Using the Optum Data Set**  
Scott Lambert, MD

11:30 – 12:00 PM  
**Addressing Preventable Childhood Blindness in Myanmar**  
Dusty Gronemyer CO, and Jessica Tegeler CO

12:00 – 12:15 PM  
**Pre- and Post-Operative Sensory Testing in Adults with Childhood Onset Exotropia**  
Kyle Arnoldi, CO, COMT

12:15 – 12:30 PM  
**Q&A Session**

12:30 – 12:45 PM  
**Break**
Scientific Session IV

12:45 – 1:00 PM  Acute Onset Esotropia in the Pediatric Patient
Amanda Yonkers, CO

1:00 – 1:15 PM  Troubling Ptosis: Pediatric Myasthenia Gravis
Rhea Nelson, CO, Shannon Beres MD

1:15 – 1:30 PM  The Upside Down: Oculopalatal Myoclonus
Natalie Schneider, Orthoptic Student

1:30 – 1:45 PM  Q&A Session

1:45 – 2:45 PM  Break

2:45 – 2:55 PM  Introduction of the Scobee Memorial Lecturer
Alex Christoff, CO

2:55 – 3:40 PM  Scobee Memorial Lecture
Virginia Karlsson, CO, COMT

3:40 – 3:50 PM  Presentation of Scobee Student Awards – Alex Christoff, CO

Scientific Session V

3:50 – 4:05 PM  Seeing Through the Clouds: Strabismus and Cornea Clouding
Kimberly Merrill, CO

4:05 – 4:20 PM  Sparking Your Interest: Ocular Effects of Lightning Strikes
Eric Liao, Orthoptic Student

4:20 – 4:35 PM  Does the Aphakic Eye Contribute to the Visual Field with Both Eyes Open?
Kaajal D Nanda, CO, BMed. Sci.

4:35 – 4:50 PM  Small Esodeviations: Interpretation and Neurologic Significance
Gill Roper-Hall, DBOT, CO

4:50 – 5:05 PM  Q&A Session

5:05 PM  Adjourn
ATTENTION ALL AACO MEMBERS:  
Our future needs YOU!

Sunday, November 15, 2020, 11:00am – 12:30pm  
EASTERN STANDARD TIME

AACO NATIONAL BUSINESS MEETING
Orthoptists! We put the “Sense” in Sensorimotor
Kyle Arnoldi CO, Jorie Jackson CO, Rachael Jenkins CO, Kathy Fray CO
11:00 AM – 12:30 PM

As the theories surrounding the etiology of strabismus have changed over the last 100 years, so has the management. And with changes in treatment came a shift in the emphasis of diagnostic testing, particularly in the United States. What was once a primarily "sensory-based" profession had become firmly "motor" by the 1970s, with the orthoptic exam focused primarily on accurate and efficient measurements with only a cursory nod to sensory testing in the form of a Titmus test or Worth 4-dot. But anyone can do that! It takes a real orthoptist to understand the "when, why, what, who and how" of sensory testing.

Sensory testing within the Motility exam is the orthoptist's expertise. But is it becoming a lost art? We want to get you excited about doing sensory testing again! Binocular vision is not just a helpless victim of eye alignment; it can influence outcomes. The status of retinal correspondence is information that we need to ascertain. The goal of this workshop is to show you the importance of these tests, when to do them, choosing wisely and how the information can help your ophthalmologist decide if strabismus surgery will help the patient and if so, what surgery to do and when. We will provide some interesting case scenarios to illustrate how important these tests are.

Press-On Prisms for Symptomatic Oblique Strabismus: A Simplified Approach
Alex Christoff, CO, COT
12:30 – 1:00 PM

Determining the correct amount and orientation of prism to be prescribed for patients with symptomatic, oblique-angle strabismus can be challenging and confusing, prone more to clinician gestalt than science or methodology. The author reviews historic methods previously described but shares a simplified, but accurate approach not previously described in the scientific literature that utilizes commercially available equipment and freely available on-line tools for accurately, scientifically and successfully quantifying the strabismus, choosing the correct Press-On prism power, positioning the prism correctly on the spectacle lens, and ultimately determining the correct prism prescription to be ground into the patient’s spectacles. Three case studies are shared exemplifying this technique.

Increasing Our Scope of Practice: Post Stroke Visual Impairment (PSVI) and Orthoptics
Joel Hyndman OC(C)
1:45 - 2:30 PM

Post-stroke visual impairment (PSVI) is common. Assessment and management of PSVI is an under-developed and under-served area of healthcare. Until recently, PSVI had received little attention. Thanks to research headed by Orthoptists in the United Kingdom, there is now a better understanding of PSVI. This presentation will highlight these recent studies and outline some of the current management options for PSVI. Orthoptists have a specific skillset that is perfectly suited to PSVI assessment and management. UK Orthoptists have successfully integrated into stroke units, and the same can be done in North America. To demonstrate this, a
pilot project has been developed between the Orthoptic Clinic and Neurology Stroke Clinic in Saskatoon, Saskatchewan. This project aims to develop a standardized screening process and referral pathway to an Orthoptist for PSVI assessment and management. It is hoped this pilot project will lay the groundwork for the development of more PSVI Clinics in Canada.

**Complex Cases in Neuro-ophtalmology**
Sarah Whitecross MMedSci, CO, OC(C), Kaila Bishop MSc, OC(C), COMT, Jesse Bendler Orthoptic Student, COA, Taylor Gateman Orthoptic Student, BA, Gina Heidary MD, PhD, Eric D. Gaier MD, PhD, Ryan Gise MD, Kristyn Magwire CO
2:30 – 3:30 PM

This case-based workshop will present a variety of clinical neuro-ophtalmology cases including afferent and efferent dysfunction. Focus will be on classic and complex cases that present in a pediatric ophthalmology and strabismus clinic. Cases will be presented to the expert panel to discuss pertinent examination and neuroimaging findings and practical approach to evaluation and management of these patients.

**Top Neuro-ophtalmic Emergencies You Can’t Afford to Miss!**
Padmaja Sudhakar MD, Amrita Amanda Vuppala MD
4:30 – 5:30 PM

There are several neuro-ophtalmic diagnoses that may present acutely with decreased or double vision, sometimes along with other neurologic complaints. While some cases are more benign, others may indicate severe impending vision loss or other neurologic deficit. In order to differentiate between the two, a solid understanding of clinical signs, symptoms, and examination findings that may indicate a neuro-ophtalmic emergency is vital. Once there is clinical suspicion for a particular diagnosis, various diagnostic modalities including intracranial imaging, optical coherence tomography, or visual field testing may be employed. The appropriate management intervention must then be pursued to avoid adverse outcomes. The neuro-ophtalmic emergencies discussed in this course include disorders affecting both the afferent and efferent visual systems. Some of these disorders include optic neuritis, Giant Cell Arteritis, third nerve palsy, compressive optic neuropathy, Horner’s syndrome, and ocular myasthenia gravis. In this course we will help attendees to recognize the clinical presentation and determine appropriate work up and management while focusing on the most up to date recommendation for diagnosis and treatment.

**Management Options for High AC/A Accommodative ET**
Sudha Nallasamy MD, Tiffany Yuen CO
5:30 – 6:15 PM

A very common type of esotropia seen in pediatric ophthalmology is high AC/A accommodative esotropia. There are also different ways to manage these patients. This course will go over how to identify them in clinic and explain the advantages and disadvantages of different treatment options.

High AC/A ratio accommodative esotropia is when correction of hyperopia frequently controls the deviation at the distance but a near deviation persists. We will review the literature surrounding the use of bifocal glasses versus single vision glasses for treatment options. We will also present some clinical case examples.
Management of sensory and motor binocular problems in patients with neurodegenerative disease.
Prof. Gill Roper-Hall, DBOT, Sangeeta Khanna, MD
1:00 – 1:30PM

As our population ages, more patients with ocular problems associated with neurodegenerative disorders will seek referral. Of these, the two most common are Alzheimer (AD) and Parkinson disease (PD); less common is progressive supranuclear palsy (PSP).
Although the prevalence of AD far exceeds the other neurodegenerative diseases, the ocular findings in PD and PSP are more commonly recognized. The neuroophthalmologic abnormalities are part of a multisystem disorder and include both afferent and efferent changes. Visuospatial and well as oculomotor dysfunction is seen.
Symptoms are often vague but include a variety of sensory and motor binocular conditions causing blurred and double vision, difficulties with contrast, or problems reading or adjusting to previously satisfactory glasses. These are often accompanied by complaints of difficulty seeing when walking, exacerbated by gait disturbances.
The characteristic signs and symptoms in each condition will be presented. Identifying the differences can be diagnostic as well as therapeutic, often resulting in a change of medication or treatment approach. Testing techniques to elicit these subtleties include evaluation of saccades, smooth pursuit, vestibulocular system, vergence, blink rate, eyelid apraxia, and assessment of contrast sensitivity.
Practical methods for relief of ocular symptoms will be discussed with brief discussion of the pathophysiology and latest available therapeutic methods.

Thyroid Eye Disease: Update of Current Treatments
Marc Yonkers, MD
1:30 – 2:00 PM

Thyroid Eye Disease treatment options have recently expanded. Research has detailed the underlying pathways for inflammation that promotes enlargement of orbital fat and extraocular muscles. This understanding has aided in creating targeted and personalized therapies for patients with Thyroid Eye Disease. Conservative treatment, steroids, orbital radiation, and biologics (antibody infusions) all provide options for early phase treatment. In this lecture the use of each will be reviewed.
Annual AAO/AOC/AACO Sunday Symposium Abstract
Sunday, November 15, 2020
3:15 – 4:45 PM

Cosponsoring Organization: American Orthoptic Council (AOC) / American Association of Certified Orthoptists (AACO) / American Academy of Ophthalmology (AAO)

Symposium Title: 2020 Update on 20/20 x 2: Diplopia After Ocular Surgery

Symposium Chairs: Kanwal Nischal, MD, Shelley Klein, CO

Purpose/Relevance: Diplopia following any type of ocular or periorbital surgery is a known risk. This symposium will address the many old and new causes of this unexpected result and explore why this occurs. Both surgical and non-surgical treatments will be presented. This topic will be of interest and importance to ophthalmologists and orthoptists who have had the experience of dealing with the very disappointed post operative diplopic patient.

Current Outcomes: Failure to address this unwanted post operative result can lead to frustrated and often angry patients. It is important for the ophthalmologist to understand and recognize the signs that could have prevented this occurrence and make the timely referral to the strabismus specialist when it does.

Results: Attendees of this symposium will be able to understand why their patients are at risk for post operative diplopia following several types of ocular surgery, such as retinal, orbital, glaucoma, iatrogenic monovision and more. Presentation of surgical and non-surgical management will give attendees better understanding of how to help their patients. The symposium will be interactive encouraging audience participation.

References:
3. Rabinowicz R, Velez FG, Pineles SL. Risk factors influencing the outcome of strabismus surgery following retinal detachment surgery with scleral buckle. JAAPPOS, 2013:17; 594-597

Summary Abstract: There is nothing more disheartening for our patients to go through successful ocular surgery only to experience unexpected post operative diplopia. Diplopia following any type of ocular or periorbital surgery is a known risk. Despite advances in surgical techniques, the strabismus team continues to get referrals for this unwanted result. This symposium will address the incidence, mechanism and treatment of post operative diplopia following various types of ocular surgery such as retinal, orbital, glaucoma, iatrogenic monovision and more. Both surgical and non-surgical treatments will be presented to give attendees a better understanding of how to help their patients. Additionally, and perhaps more importantly, ways of recognizing signs that could forewarn of post ocular surgery diplopia will be discussed.
A Chiral Twist: Understanding Directional Asymmetry in Duane Syndrome
Cassie A. Ludwig, MD, MS
4:45 – 5:15

Why do humans have two eyes? Why is Duane syndrome more common in the left eye than the right? And, how does lateralization of the brain and visual system occur? In this presentation, we will present a case of Duane syndrome with a never-previously-associated genetic mutation and review the origins of human directional asymmetry and lateralization.

Refractive Amblyopia in Twins: double the trouble?
Alison Sexton, Orthoptic Student
5:15 – 5:30

This case presentation will investigate the outcomes of treatment in amblyopic, monozygotic mirror image twins. Publications show monozygotic mirror image twins with eye abnormalities have near exact problems in the opposite hemisphere. In these cases they often receive similar treatments and have similar outcomes. But what happens when equal treatment does not result in equal outcome in these patients? Is it a compliance issue? Does personality play a factor? Is there a greater underlying issue going on? This presentation will dive into the possibilities of differing outcomes in the case of refractive amblyopia of mirror image twin boys.

Incidence of Strabismus and Amblyopia Among Children Initially Diagnosed with Pseudostrabismus Using the Optum Data Set
Scott Lambert, MD
11:00 – 11:30 AM

To determine the frequency of strabismus among children initially diagnosed with pseudostrabismus using big data.

**Design:** Population-based retrospective cohort study.

**Methods:** Setting: Population-based retrospective cohort study using claims data. Study Population: 17,885 children diagnosed with pseudostrabismus at age ≤ 3 years who were later diagnosed with strabismus using the Optum deidentified Clinformatics Data Mart Database (2003-2016). We excluded patients diagnosed with strabismus before the diagnosis of pseudostrabismus or diagnosed simultaneously with strabismus and pseudostrabismus.

**Observations:** We assessed age, refractive error, and presence of amblyopia. Patients with pseudostrabismus were compared to a group of patients from the Optum data set diagnosed with esotropia, exotropia, and unspecified heterotropia who had not been previously diagnosed with pseudostrabismus. Main Outcome
Measures: Incidence of strabismus, among patients initially diagnosed with pseudostrabismus vs those without an initial diagnosis of pseudostrabismus.

Results: Strabismus was diagnosed in 9.6% (n = 1,725) of children initially diagnosed with pseudostrabismus at a median age of 1.65 years (IQR: 1.17-2.46) compared to 1.7% (136,047 of 7,787,743) of children in the control group (P < .001). Strabismus was diagnosed more than a year later in the pseudostrabismus group (3.32 years; IQR: 2.28-4.74) compared with the control group (2.28 years, IQR: 1.43-3.16) (P < .001). Esotropia was the most common type of strabismus in both groups (pseudostrabismus, 69.7%; control, 62.1%). A total of 377 children (21.9%) in the pseudostrabismus group underwent strabismus surgery compared with 12.1% of children in the control group (P < .001).

Conclusions: Young children diagnosed with pseudostrabismus are at increased risk of developing strabismus and undergoing strabismus surgery.

Addressing Preventable Childhood Blindness in Myanmar
Dusty Gronemyer CO, Jessica Tegeler CO
11:30 AM – 12:00 PM

To address eye care capacity in Myanmar, the OHSU/Casey Eye Institute project focused on improving pediatric eye care in Myanmar through a train-the-trainer approach at multiple provider levels. This project focused on improving pediatric eye care capacity in the country by integrating training a pediatric ophthalmologist and as well as four nurse aids and one orthoptist to build a continuum of care for children’s eye health screening, providing glasses, needed treatment and patient education.

Pre- and Post-Operative Sensory Testing in Adults with Childhood Onset Exotropia
Kyle Arnoldi, CO, COMT
12:00 – 12:15 PM

Comitant exodeviations presenting in early childhood are often initially intermittent. At this stage, some cases may be treated with eye exercises to minimize suppression and improve convergence amplitudes, either prior to or following strabismus surgery, or in lieu of surgery altogether. These exercises are reported to have lasting effects, and the adult patient with a history of childhood-onset, comitant, intermittent exotropia may still have considerable convergence ability despite the presence of a large angle constant exotropia. This retrospective study compares the surgical outcome of adults undergoing strabismus surgery for exotropia, with or without prior orthoptic exercises in childhood. The hypothesis studied is that a regimen of convergence exercises in childhood increases the likelihood of persistent small angle over-correction in adults undergoing surgery for large angle, comitant, childhood-onset exodeviation.
Acute Onset Esotropia in the Pediatric Patient
Amanda Yonkers, CO
12:45 – 1:00 PM

True acute onset esotropia is not common in the pediatric field. When such patients present to the clinic, a careful history and assessment of additional symptoms must be taken in order to rule out serious neurologic causes. This is a case report of an 11yo patient who presented with a left sixth nerve palsy, diplopia, and intermittent right ptosis after a viral illness. A differential diagnosis and their course of treatment will be discussed.

Troubling Ptosis: Pediatric Myasthenia Gravis
Rhea Nelson, CO, Shannon Beres MD
1:00 – 1:15 PM

Pediatric myasthenia gravis is rare and often presents differently than in adult patients. This case presentation describes two pediatric patients diagnosed with myasthenia gravis, both of which presented to the pediatric neuro-ophthalmology clinic with ptosis. Their presenting symptoms (including ptosis and strabismus), initial workup, and current treatment plan will be described.

The Upside Down: Oculopalatal Myoclonus
Natalie Schneider, Orthoptic Student
1:15 – 1:30 PM

This is a case presentation of a child with oculopalatal myoclonus which summarizes exam findings and the possible etiologies of this disorder. Oculopalatal myoclonus (OPM) is a rare disorder that is acquired after a lesion or injury to the cerebellar region or brainstem occurs. Oculopalatal myoclonus is associated with an upbeat, pendular nystagmus and a continuous, rhythmic movement of the soft palate. There are two main forms of oculopalatal myoclonus, symptomatic and essential. The symptomatic form is more common and typically occurs in adults while the essential form is most often found in children. The onset of oculopalatal myoclonus is variable and can develop months to several years following the trauma.
51st Annual Richard G. Scobee, MD Memorial Lecturer
Monday, November 16th, 2020

Introduction by Alex Christoff, CO
2:45 – 2:55 PM

Scobee Lecturer
Virginia Karlsson, CO, COMT
2:55 – 3:40 PM

Where are Orthoptists Going? A photographic look at our past, A sobering snapshot at our present, and a novel glimpse at an optimistic future

2020 Richard G. Scobee Lecture Abstract

As we remember Richard Scobee, I see the 2020 Scobee Lecture as a time to reflect on some of our past as well. I see science and the scientific process to be more important in our lives than ever. In a growing world where a very small percentage of people have a huge majority of the world’s wealth, inexpensive screening for amblyopia could make a meaningful difference. This presentation will introduce a screening technique for the world’s poorest children. Where are orthoptists going? We are joining the other physician extenders who increase access to health care.
Seeing through the clouds: Strabismus and Cornea Clounding
Kimberly Merrill, CO
3:50 – 4:05 PM

A complex case presented with photophobia and progressive corneal clouding. A specific pattern of strabismus develops later in the course of treatment that will be discussed. **Learning Objectives:** Identify other systemic and ocular factors that can lead to strabismus. Familiarize a group of genetic diseases that can cause strabismus. Know treatment plans and options for patients with certain systemic disease.

Sparking Your Interest: Ocular Effects of Lightning Strikes
Eric Liao, Orthoptic Student
4:05 – 4:20 PM

While rare, lightning strikes inflict serious injuries upon victims should they survive the ordeal. Patients can present with a plethora of ophthalmic-related nervous injuries including but not limited to: thermal papillitis, unilateral or bilateral neuropathy, optic atrophy, paralysis of extraocular muscles, ptosis, nystagmus, facial paralysis, Horner’s syndrome. Visual loss can range from transitory blindness to permanent reduction of all or part of the visual field. A case presentation of a lightning-strike victim afflicted with a number of previously mentioned symptoms will be discussed. Additionally, etiologies of said symptoms along with other consequential effects of lightning-induced ophthalmic damage will be reviewed.

Does the aphakic eye contribute to the visual field with both eyes open?
Kaajal D Nanda, CO, BMed. Sci.
4:20 – 4:35PM

To compare the uniocular visual field of the normal, phakic eye to the binocular field of patients with unilateral congenital cataract post lensectomy and visual rehabilitation.

**Methods:** Prospective analysis of patients with unilateral aphakia post lensectomy for congenital cataract. Goldmann visual fields were performed with the aphakic eye occluded, the phakic eye occluded, and then repeated with both eyes open. The total visual field area, width and height of visual field from central fixation point, were measured. Best corrected visual acuity, presence of strabismus and nystagmus were noted.

**Results:** Nine patients between 10-26 years age at the time of visual field testing were evaluated. All cataract surgeries were performed between 2 to 36 weeks of age, with a median of 6.5 weeks of age. No patient had clinically manifest or latent nystagmus. Mean central visual acuity of the unaffected eye was -0.04 LogMAR, with a median of 0.0 LogMAR. Mean central visual acuity of the affected eye was 0.9 LogMAR, with a median of 0.8 LogMAR. When the phakic eye visual field parameters were compared to the visual field with both eyes open, the contribution of the aphakic eye visual field resulted in a significant increase in the binocular visual field area (p=0.028). Further analysis shows that the temporal field of the aphakic eye was significantly larger than the nasal field of the phakic eye, contributing to an overall larger visual field with both eyes open (p=0.015). There was no correlation between central visual acuity and the size of the visual field in either affected or unaffected eye.
**Conclusion:** The visual field with both eyes open in cases of corrected unilateral aphakia is significantly larger than the visual field of the phakic eye alone. We suggest that despite the published poor central visual acuity outcomes, unilateral cataract removal is important in improving the binocular visual field, and should be part of the informed consent.

**Small Esodeviations: Interpretation and Neurologic Significance**

Gill Roper-Hall, DBOT, CO  
4:35 – 4:50 PM

In a neuroophthalmology or adult strabismus practice small esodeviations, especially for distance, may represent an acquired event and may be caused by a variety of different mechanisms. These small esodeviations may have a neurological cause, are easily overlooked, and may influence diagnosis and management.

Mechanisms that can cause small esodeviations with apparent recent onset include abduction dysfunction, vergence anomalies, restrictive and refractive disorders, near synkinesis instability, supranuclear gaze dysfunction, orbital connective tissue changes and decompensating esotropia, especially after cataract surgery.

Determining the correct diagnosis and appropriate management depends on interpreting the patient’s ocular findings in the context of the overall systemic and neurologic setting. A full orthoptic evaluation, preceded by a review of the medical history, refraction and a dilated exam, is required in the differential diagnosis and includes prism measurements for distance and near and on lateral gazes, fusional amplitudes, and observation of the lids and orbital adnexae.

The influence on an esodeviation of a small superimposed convergence spasm or uncorrected hyperopia in an adult is not uncommon. The difference between divergence paralysis, divergence paresis and divergence insufficiency will be presented, with clinical examples.
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April 9-11, 2021
AAPOS Annual Meeting
Virtual
www.AAPOS.org

May 2-6, 2021
ARVO
Hybrid / San Francisco, CA
https://www.arvo.org/annual-meeting/meeting-info/future-annual-meetings/

Jun 24 - 27, 2021
TCOS and COS Annual Meeting
Ottawa, ON
Shaw Centre
https://www.cos-soc.ca

Nov. 13-16. 2021
AAO / AACO National Meeting
New Orleans, LA
Ernest N. Morial Convention Center
https://www.aao.org/annual-meeting/past-and-future-meetings
www.orthoptists.org

March 23-27, 2021
AAPOS 47th Annual Meeting
Scottsdale, AZ
Westin Kierland Resort and Spa
www.AAPOS.org

May 2022
AACO Joint Western / Midwest Regional Meeting
OHSU / Casey Eye
Portland, OR
www.orthoptists.org

May 1-5, 2022
ARVO
Denver, CO
https://www.arvo.org/annual-meeting/meeting-info/future-annual-meetings/
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Completion of the online quiz is required to obtain CE credits from IJCAHPO or AOC. Please keep a record of your quiz results to verify meeting attendance.

Note – IJCAHPO requires that you attend the “live” session in order to receive credit. AOC will give credit for either the live session or when you view the recorded session.

Course evaluations will be conducted online this year, as well.

Links to the course evaluations, quizzes and recorded sessions will be available on the following webpage shortly before the conference:

https://www.orthoptics.org/aaco-2020-conference-materials

Only those registered for the live sessions or who purchased access to the recorded sessions will have access to this information. An email with instructions will be sent immediately before the conference.
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