

As I was preparing to write this editorial, McMaster University in Hamilton, Ontario announced the death of Dr. David Sackett, Professor Emeritus of Medicine in its Faculty of Health Sciences. Sackett is widely recognized as the “Father” of evidence-based medicine, the application of the best possible evidence in the scientific literature to the clinical care of patients. Evidence-based care is the now the foundation of the standard of care in many health disciplines, including optometry. Indeed, “evidence –based” and “evidence” have found their way into many documents such as the Optometric Practice Reference¹ of the College of Optometrists of Ontario.

The question is: what is evidence? In modern medicine, evidence seems to be based on clinical trials, comparing experimental and control groups of patients, whose assignments are masked from those conducting the assessments of the treatment modalities under study. We see the same approach taken in optometric studies across a wide range of clinical areas. However, many long-standing approaches to managing clinical problems have never been subjected to this kind of evaluation, and may not be suitable for such a study, although they remain the subject of case reports and other studies, and continue to be taught and routinely performed. Their apparent success (relief of symptoms, disappearance of clinical signs) is often deemed to be satisfactory evidence of efficacy. But is it sufficient?

Last December, we published an article, *Diverses modalités de traitement des troubles d'apprentissage scolaire par thérapies visuelles: quelles sont les evidence scientifiques?*² that attempted to present the evidence, or lack thereof, for managing visual problems associated with learning disabilities. In the following pages, we present responses to this article from two private practitioners as well as the College of Optometrists in Vision Development. We don't have the space or the budget, to print the other correspondence we have received in reaction to this paper, but we have placed everything on our website for you to examine and make your own conclusions. I would like to thank Dr. Charles Boulet of Black Diamond, Alberta for kindly supplying the English translation of the original article, which is on the website for those who could not read the original French version. There is also a very detailed two-part response in both English and French which makes interesting reading. I thank the authors for their interest and passion for the subject. I hope that these online articles will prompt further discussion and consideration of what constitutes evidence-based practice in optometry.

The rest of this issue addresses less controversial topics. The care and management of ocular prostheses is discussed in one paper. Our second clinical paper addresses barriers to vision care for Canada's First Nations. The latter is timely, considering recent news reports on the appalling conditions that are found in some First Nations communities. We also have a couple of brief articles on practice management, including a discussion of how to negotiate a lease.

I shall be at the CAO Congress in Fredericton for a couple of days and look forward to speaking with many of you about the CJO*RCO. The last few months have shown that the CAO membership has a great deal of interest in the publication, and controversy or not, it's always satisfying for an editor to know that it's being read!



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1. College of Optometrists of Ontario. Optometric Practice Reference. Toronto: C.O.O., 2015. http://www.collegeoptom.on.ca/images/pdfs/030_iD_COO_OPR_book_WEB.pdf Accessed 20 May 2015.
2. Ganivet A, Denault I, Superstein R, Fallaha N. Diverses modalités de traitement des troubles d'apprentissage scolaire par thérapies visuelles: quelles sont les évidences scientifiques? Can J Optom 2014;76(2): 15-22.