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Editor-in-Chief

Having attended both the CAO Congress and the American Academy of Optometry Annual Meeting this year, just like I did 38 years ago when I entered practice, I can look back across this time to see how our profession's interests have developed and changed.

Canadian Optometry in 1979 was still essentially a drugless profession. While we were taught about ocular diagnostic and therapeutic drugs, the main emphasis in clinical training was in refraction, and prescribing and dispensing of optical corrections with a smattering of contact lens fitting and management, low vision care, binocular vision management and by today's standards, very basic ocular health assessment. Schiøtz tonometry was being supplanted by applanation and non-contact tonometry, the first autorefractors were just starting to appear, and glass spectacle lenses and contact lenses made with PMMA and HEMA dominated in the dispensary. Dilated fundus examinations were yet to become part of the standard of practice. Visual fields were painstakingly plotted with tangent screens and arc perimeters as the Goldmann perimeter made its debut.

Fast forward to this year. In most jurisdictions in North America, optometry more resembles medical ophthalmology (with maybe a couple of exceptions) and computerized technology can be found in all aspects of clinical care. Glass has mostly disappeared from the spectacle lens market, replaced by a wide variety of organic materials, while in the contact lens market HEMA and PMMA were long ago relegated to museum shelves. Wavefront technology has produced spectacle, contact and intraocular lens corrections that we could only dream of four decades ago. Technological advances such as OCT have revolutionized our ability to diagnose and manage many eye conditions. Computerized equipment has also improved our ability to assess visual fields and manage binocular vision conditions. A wide variety of drugs is available for optometric management of ocular diseases.

Our patients have benefitted greatly from our embrace of modern technology. However, the technology is not without its limitations. We must take advantage of the new testing equipment while understanding what it cannot do and what alternatives exist to cover the gaps. Only then can we be sure that the benefits to our patients are real. ●