



CAO COMMUNIQUÉ

Editor's Note

This section of *The Canadian Journal of Optometry* is a selection of excerpts, highlights and précis of material which has appeared in *The CAO Communiqué*.

Communiqué is a national Bulletin issued by the Ottawa administrative office of the Canadian Association of Optometrists. It is circulated, approximately once every two months, to current members of provincial optometric Association and Society Councils, both Canadian Schools of Optometry and the past national Presidents of CAO.

The opinions quoted in the items which appear here are not necessarily those of either the Canadian Journal of Optometry or the Canadian Association of Optometrists.

CAO members interested in following up on any of the items which appear in this section are invited to contact directly their provincial CAO Councillor.

Cette section de la *Revue Canadienne d'Optométrie* est consacrée à une sélection d'extraits, de points saillants et de résumés des titres ayant paru dans le *Communiqué*.

Le *Communiqué* est un bulletin national provenant du bureau national de l'Association canadienne des optométristes à Ottawa. Il est diffusé, environ tous les deux mois, aux personnes couramment membres des conseils des associations et sociétés d'optométrie des provinces, aux deux écoles d'optométrie du Canada et aux anciens présidents nationaux de l'ACO.

Les opinions exprimées dans les articles reproduits ici ne sont pas nécessairement partagées par la *Revue Canadienne d'Optométrie*, ni par l'Association canadienne des optométristes.

Les membres de l'ACO qui désirent approfondir les sujets traités dans cette section sont priés de communiquer directement avec leur conseiller provincial de l'ACO.

AOA Publishes Position on Vision Therapy

The American Optometric Association has published its official position on vision therapy. In a statement released to their members in October of last year via the *Journal of the AOA*, the Association affirmed "its long standing position that vision therapy is an effective therapeutic modality in the treatment of physiological dysfunctions of the vision system."

The two-page statement, a complete copy of which ran in the December *Communiqué*, goes on to define vision and VT (vision therapy/visual training); addresses the question, "Who can benefit?"; describes the relationship between vision and learning; outlines the education of the optometrist and the ongoing optometric research program and, finally, summarises the AOA's position as follows:

"The American Optometric Association continues to support quality optometric care, education and research in the area of vision therapy. AOA also will continue to cooperate with all disciplines involved in helping individuals attain the highest quality of life in which vision plays such an important part."

US OD Finds No Evidence Linking VDTs, Radiation Harm

"There is no evidence that harmful radiation is emitted by Video Display Terminals."

That is the central finding of a paper by Dr. James P. Comerford (PhD, OD), Associate Professor of Physiological Optics at the New England College of Optometry.

Entitled "Environmental Sources of Patient Problems with Video Display Terminals", Dr. Comerford's paper theorizes that patient complaints about VDTs may be visual in origin, but very often are caused by poor workplace design and related ergonomic factors.

"An optometrist," concludes Dr. Comerford, "has a dual role in managing the patient with problems working with video display

terminals. One role is correcting the refractive, binocular and optical sources of the patient's problems. The other role is to advise the patient and where possible the patient's employee regarding the environmental influences that will result in discomfort."

Dr. Comerford's paper appears in Vol. 35, No. 6 of *The New England Journal of Optometry*.

We're Number Five!

A survey published recently by the Economic Council of Canada (ECC) ranks optometrists fifth out of 500 occupations in terms of social standing.

Canadians surveyed were given 88 general occupations to rank. In analysing the data, two York University sociologists were able to extrapolate a list totalling 500 occupations in Canada.

The survey's "prestige ranking" perception among Canadians was produced based largely on income and the educational qualifications of the people in the occupation. In general, the higher the income and the higher the educational attainment, the more prestigious the occupation was perceived to be.

The top ten, according to the ECC? (1) Administrators in teaching and related fields; (2) Nuclear Engineers; (3) Dentists; (4) Managers in Science and Engineering; (5) Optometrists; (6) Physicians; (7) Veterinarians; (8) Meteorologists; (9) Lawyers and Notaries and (10) University teachers. The list continues all the way to (500) Hunters and trappers.

At Least "Doctor", "OD" and "Optometrist" are Equally Applicable to Male or Female

In a recent report entitled *The Economic Needs of Women in the Labour Market*, the Economic Council of Canada (ECC) recommends, among other things, closing the pay gap between men and women for the same work; full tax deductions for child

care expenses (to replace the process of direct government aid for daycare centres) and making mathematics and the sciences compulsory courses through high school to enable more women to move into post-secondary fields traditionally dominated by men.

An examination of the current enrollment statistics at both Canadian Schools of Optometry reveals that, given that more than half the new students of Optometry are women, in a few years it may well be the *male* applicants who are demanding equal consideration for the places in the program.

Information, or a copy of the Report, is available from the ECC, Publications Section, Information Division, PO Box 527, Ottawa, Ontario, K1P 5V6.

Information "BOUM" at Montreal School

"BOUM", the Bulletin d'Optométrie de l'Université de Montréal, is a thoroughly informative newsletter put out by the AEOUM (Association des Etudiants en Optométrie de l'Université de Montréal).

As part of a renewed program of liaison with the Student Associations at both Canadian Schools of Optometry, CAO recently advised the respective Presidents that the *Canadian Journal of Optometry* will now be sent on a complimentary basis to all students registered in Optometry in Canada.

As a result, the AEOUM responded by including CAO on its list of recipients for BOUM. An extremely well-written publication, BOUM deals with optometric student politics, clinical studies and vision and eye care research, all from the perspective of the optometric student. Although presented in a photocopied, rather than a press, format, BOUM's research-oriented content is excellent and well-referenced.

In addition, the publication is punctuated with articles and cartoons whose humour points out that Optometry is not only the serious application of vision and eye care. BOUM is also good enough to have attracted the support of several advertisers in the Quebec ophthalmic community and, for our part, we congratulate the AEOUM on their excellent publication.

Quebec Health Professional/Population Ratio Changes

In 1971, Quebec had 1 GP per 1,737 inhabitants; 1 "specialist" per 1,458 inhabitants; 1 optometrist for every 12,471 inhabitants. Dentists were 1 per 3,767 and oral surgeons, 1 per 299,898.

According to a recent issue of the Bulletin of the Quebec Health Insurance Commission, the "Régie de l'assurance-maladie du Québec", the same professionals, in 1985, are to be found now in the following ratios: GP's are 1 per 1,041; "specialists" 1/1,109; optometrists, 1 per 7,958; dentists, 1 per 2,818 and oral surgeons, 1 per 5,384.

Some Thoughts on Lobbying . . .

"If you really want to be most effective, you want to get in on the ground floor so you need a day-to-day or week-to-week relationship with the key people in the federal bureaucracy.

"You don't lobby, in my opinion, strictly for your own vested interests because if you do you aren't going to get very far.

"When it comes to lobbying, probably one of the most important levels, if not *the* most important level, is the local level."

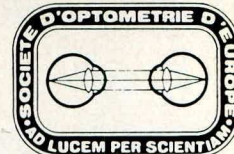
— Doug Geekie, Communications Director, CMA
as quoted in *The Medical Post*

What Makes a Successful Lobbying Program?

According to an article in the November 1980 *Financial Post Magazine*, the answer is just plain hard work. And whose hard work does the FP Magazine cite as a prime example?

"One of the most memorable grassroots campaigns in the annals of lobbying history was when the Canadian Association of Optometrists (CAO), way back in the '60s, wanted optometrists' services covered under Medicare. Among the CAO's more brilliant ploys was to get a copy of Allan MacEachen's travel itinerary (he was then Minister of Health and Welfare) and to make sure there was a Liberal optometrist in every welcoming party throughout his trip. In fact, the CAO made its presence so well known that when the Medicare issue finally was debated in the House, to the background noise of construction blasting on Parliament Hill, MacEachen was heard to remark, 'It's Jim Gilmore (then CAO Executive Director) trying to get in.'"

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