

## PRESIDENT'S PODIUM

## EDITORIAL

(con't from page 169)

The majority even ranked opticians and ophthalmic dispensers ahead of optometrists and ophthalmologists as the most knowledgeable sources of information to consult if they have a vision problem! (Tom Sullivan says, however, that I should not be astonished by this.)

We need to spread the message and 2600 optometrists in Canada can't do it alone. So who is going to help?

The minority of the population who knows Optometry's valuable role in the health care system — that's who. They are the optometrists' families; the team of optometric ancillary personnel who daily help provide those valuable services; the representatives of the ophthalmic business related community who have taken the time to get to know their optometric clients and the work they do; those "special" patients; teachers; coaches; other health care workers who have had an opportunity to observe or experience first hand the benefits of optometric care...

These are the people who can help spread our message.

These are the people who can swell the ranks of the messengers tenfold. They are the untapped resource which must now be tapped and mobilized if Optometry's message is to reach a significant part of that vast majority out there.

I am happy to say that one such seed has already germinated in Alberta. The Alberta Association of Optometrists' 1987 Annual General Meeting, held in Calgary in November, saw the creation of the Alberta Chapter of the CAO Optometric Advocates Section. It is my hope that it will grow and flourish and be followed by other chapters springing to life in provinces from BC to Newfoundland.

Alberta was honoured to have the President of the American Optometric Association's Auxiliary, Alana LaRock, come to the inaugural meeting to provide encouragement and helpful tips. Specific examples of successful projects to get Optometry's message across, excellent new audio-visual materials which are becoming available regularly, organizational guidelines, etc., were all discussed.

An Auxiliary, such as the AOA's, can be of great benefit to Optometry. But it suffers from a stifling malady. It is restricted to spouses and thereby eliminates many of the most valuable messengers we have.

It is an image problem, even among those who are spouses of optometrists. As more and more couples are both working professionals and as more and more women enter the profession of Optometry, the thought of joining an Auxiliary, with its "sewing circle" images, however inaccurate they may be, is not very appealing to a great many optometric spouses, male or female.

For these reasons, the Auxiliary concept has been and gone in most areas of this country and the Alberta group was repeatedly reminded that theirs is not an Auxiliary.

We have the opportunity to start fresh, to avoid the problems stifling any Auxiliary, but to build on the great base that the AOA and other Auxiliaries have provided for us in order to create the most effective messenger service ever devised.

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## Improving Our Clinical Skills

It has never been a stated policy of the CJO \* RCO to offer Editorial comment on the content of a given issue. Only on rare occasions in the past have we done so. However, because of the clinical implications of the technical papers in the Autumn, 1987 issue, we feel that some comment is merited.

Applied optics has always been a strong point in Optometry's training program although, for some years now, an emphasis on pathology recognition and the physiological aspects of contact lens fitting seems to have obscured the therapeutic and clinical value of spectacles.

The paper by Bolduc and Gresset, for example, describing the adapting of the principle of the Franklin bifocal to solve the problems of a paralytic tropia is a case in point. The Franklin bifocal is not a new device, but neither does it become obsolete or useless because of its age.

This type of clinical expertise to solve a problem of covergence has been reported as long ago as our own July, 1971 issue. Likely it could be used more frequently in those cases all too often described by "nothing further can be done".

Children's Vision is a field begging for greater involvement by Optometry, particularly with respect to reading problems and underachieving children. Refractive status is not usually a major impediment as optical treatment is simple and straightforward, but oculomotor problems can be. Measurement of convergence and accommodation amplitudes should be routine procedures. Results have little value unless we have criteria to evaluate our findings and to interpret them in relationship to the child's symptoms.

The paper on accommodation by Woodruff established for the first time accommodative standards for children under twelve. It provides practitioners with a better understanding of the function. This could be enhanced if one were to qualify the recording of the test results. Good results by themselves do not imply efficient performance. We would be better clinicians were we to qualify our results with notes such as "blurs and clears every -.50D increase in power; clearing slowly as the test progresses. Child stumbles in reading. Is this a reading problem or an inability to maintain a clear focus?"

A brief, descriptive note can be a lifesaver in a few months' time when the child returns. What interpretation can be placed on the simple recording "O.D.: amplitude 6.50D"?

Physical exertion and body position have always been known as factors that influence physiological functions in a human being. Up until very recently, little was known of these effects on ocular and visual functions. Today's emphasis on "participation" and physical exercise, whether aerobic or other form, irrespective of age and health status, gives added importance to the paper by Lovasik et al. on vascular and neural changes during body inversion. The clinical implications are important in the counselling of patients from a preventive aspect.

If one hasn't already done so, one should read each of these papers with attention, keeping preventive optometric care firmly in mind.

GMB