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Greeting from the Section Chair

Progress is impossible without change, and those who cannot change their minds cannot change anything. –George Bernard Shaw

I miss my car. Change is inevitable. The world changes. Optometry changes. The Academy changes. Transportation changes. I'm practicing acceptance. It's not always easy for me. I consider myself rather progressive, but I must be aging. I've found myself a bit resistant in the past few years. I really miss that car. After a rapid midnight commute between the cornfields of Iowa, my spouse, Joleen, and I brought our daughter home from the hospital in that car. We moved across the country with it. Then, we then moved back. I cannot confirm this story, but I'm told that 4200 pounds of 1995 Impala SS on Z-rated 17-inch wheels with a Corvette LT1 V8 engine can get a mild-mannered optometrist 200 miles across the prairie to see his elderly mother with terrifying efficiency. Perhaps, some change is good or at least less dangerous. The car has been replaced with a small, tamer four-wheel drive vehicle, excellent for winter transport. I don't regret allegedly wringing out that Impala or making those allegedly fast trips across the state. Someone had to see what the thing could do. And, an extra few minutes with my mom was worth it.

The Primary Care Section is changing a little. You'll see some new faces, some new activities, and some new committees along with the usual cast of characters. Hopefully, these changes will represent progress, something worth pursuing. I'm told the PCS has over 1200 members, each with unique abilities, individual interests, and much to offer. Like my old Chevy, let's test it. Let's see what it can do.

Regards,

Michael W. Ohlson

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Greeting from the Diplomate Chair - Hal Bohlman, OD, FAAO

As our Section Chair, Michael Ohlson, has pointed out we have over 1,200 Fellows of the Academy that identify with the Primary Care Section. We would love for you to become active participants with us. One of the ways you can get more involved with the Primary Care Section is to become a Diplomate. The process of becoming a Diplomate was incredibly rewarding to me. I challenge you to become a PC Diplomate. Why? Well, here are the top 10 reasons to become a Primary Care Diplomate:

Top 10 reasons to become a PC diplomate

1. Identity. With whom do you identify? Do you practice Primary Care, or do you specialize in a particular area? Would you like to be identified as “excellent” by your peers?
2. Sense of achievement. When was the last time you accomplished something that was vigorous and in the end was gratifying and satisfying?
3. Your patients. Most of your patients won’t know or care if you’re a diplomate. But they will ultimately benefit from your experience.
4. Learning experience. By researching your own cases and having your cases critically reviewed by others you will be a more educated and learned practitioner.
5. Self-improvement. As with any scholastic or athletic endeavor, the internal change is actually more important than the external benefit or reward. Externals are easily forgotten or lost; the internal reward lasts.
6. Fellowship and camaraderie. The Academy section structure is based upon the desire of fellows to discuss their common interests. The Diplomates generally lead that discussion within the sections, and becoming a Diplomate will enhance your opportunity for fellowship.
7. Promotion potential. If you work in a corporate, academic or government job you might have the opportunity for promotion by achieving diplomate.
8. Ethically sound. The profession is changing rapidly. The broad nature of eye care provides a reason for continual study in order to best serve patients.
9. Add to your Curriculum Vitae. It’s a great credential to have.
10. Marketing. If you’re in private practice a nice news release in your local newspaper would be an excellent and professional way to market your services.

For more information about becoming a diplomate,
look on the AAO website

<http://www.aaopt.org/section/PC/becoming/index.asp>

Primary Care Pearl

Hal Bohlman, OD, FAAO, Diplomate

Have you ever gazed upon the macula of your patient with reduced visual acuity and wondered, “how come this patient’s vision is poor?” You keep looking with your slit-lamp fundus lens, and maybe you can imagine that it looks a little different, but you just can’t figure out why. You scratch your head and wish, once again, that your practice owned an OCT. “If only I had X, then I could diagnose Y,” you say to yourself. Certainly an OCT is nice to have. However, the solution to the problem may lay dormant right there in your office. Try pulling out that old direct ophthalmoscope. You may have to blow the dust off of it. Turn it on and dial in the red-free filter (also known as the green light). Take a peek at the macula again with a monocular view and red-free light. If the patient has a subtle epi-retinal membrane (ERM) it will show up much more vividly with your direct ophthalmoscope and the red-free. With your binocular view you don’t see as many reflections from the wrinkled internal limiting membrane because one may see a reflection, but the other eye doesn’t. When you view it monocularly there is no cancelation effect from the other eye. Why does the red-free light help, you say? Well, I’m not sure, but the red-free light doesn’t penetrate the RPE, so I suspect it’s because there is less background “noise” in your view. I just know it’s much easier to see an ERM with a direct ophthalmoscope and the red-free light. Try it. You’ll still wish you had an OCT, but hey, this will get you by once in a while.

[Have an interesting pearl of your own?](#)

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