



WOMEN IN OPTOMETRY®

DEDICATED TO THE INTERESTS
OF WOMEN ODs

Should you Specialize?

Eight ODs share their paths



The Editorial Pages

A Little Encouragement Goes a Long Way

We've heard from plenty of ODs over the years who have told us how much they appreciate it when patients send them a note or stop by the office or even pull them aside at some community event to say what an impact the doctor's recommendation had on their lives. It's a great feeling that serves to reinforce why you work to give the best patient care that you can with every patient.

In the past month, here at *WO*, we've had several such boosts. These have been wonderful moments because they have allowed us to see the creation of a network within the community of women ODs. The first came when we were talking to **Dr. Kathryn Collins**, who told us that she was inspired to learn more about neurovisual optometry because of a story that associate editor **Maggie Biunno** wrote about **Dr. Debby Feinberg** in June 2013. Dr. Collins read that story and saw that patients in her Pennsylvania area were traveling all the way to Michigan to receive care. Dr. Collins told us that she called Dr. Feinberg, who said she was working on a way to share her training, and Dr. Collins could be in her first group of trainees.

She's not the only one who was affected deeply by that story. **Dr. Cheryl Berger Israeloff** told us that she was on an airplane in the summer of 2013, looking through the publications she saves for flight-time reading, when the story with Dr. Feinberg caught her eye. She contacted Dr. Feinberg, too, went through the training and now has opened the Neuro Visual Center of New York. All three doctors are featured in our cover story this issue.

So imagine our surprise when yet a third OD interviewed for this issue mentioned a *WO* story that made an impact on



Marjolijn Bijlefeld

her. **Dr. Ehryn Cartwright**, whose story appears in the section on office design, said that she saved the September 2006 issue of *WO* because the cover story, "A Woman's Touch" with **Dr. Margaret Foley**, included many photos of a spa-like practice that Dr. Cartwright wanted to emulate when she opened her own practice.

It's humbling to hear that someone would tuck away an issue of a magazine for years or be so excited by a story that it makes her want to reach out to the doctor featured. But that is and always has been our goal. You'll see that in this issue, too. Look to the next page, where *WO* Professional Co-editors **April Jasper, OD, FFAO**, and **Katie Gilbert-Spear, OD, MPH**, share some strategies for developing a business and marketing plan for next year.

We truly hope that *WO* readers find something in every issue that resonates. These inspirations can be big—affecting your professional future—or small. For example, I once emailed a doctor for her photo to include on our Women in the News page. She responded within seconds with a photo attached. I replied thanking her for the super-quick response. She told me that if a task can be completed within two minutes, she tries to do it immediately. I've tried to adopt that for myself—and I know that my desk would be a bigger mess if I hadn't because it has shortened my to-do list considerably.

It shouldn't be too much of a surprise that the ODs featured on these pages inspire others. In many cases, a colleague or friend or the OD herself has contacted us about an accomplishment, a new way to approach a problem or a challenge overcome. We welcome those calls. **WO**

Ready to Negotiate



A *Women In Optometry* luncheon meeting at American Academy of Optometry drew a crowd. Read more on page 7.

Marjolijn Bijlefeld,
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furniture herself to keep costs down.

With a focus on vision therapy, Dr. Coleman only needed specialty equipment, so she was able to open her doors in early 2015 without making a tremendous investment in traditional optometry instrumentation. "I wanted a *wow* piece," Dr. Coleman says, so she added a Sanet Vision Integrator that includes a giant touchscreen to be used for activities and tests. She also regularly uses her balance boards and beams, perspectograms, electronic chart and evaluation prisms and lenses. Despite a brief setback one month in, when the office was broken into and electronics were stolen, Dr. Coleman has been able to provide thorough, quality care with a limited instrumentation budget. Dr. Coleman's insurance covered most of the losses from the burglary.

Dr. Coleman, who is a Region III Trustee for the National Optometric Association, balances her

time throughout the week as she continues to build Envision Therapy. She works two days a week with children and adults and also keeps a position at a Target Optical located about 45 minutes away. She's developing referral contracts with local practitioners, pediatricians and occupational therapists, who often have the best understanding of the vision problems and their relation to learning and reading.

Dr. Coleman is getting her name out in the community, participating in local events and holding speaking engagements at the office to create awareness. "A lot of people don't know about the connection between vision and learning," Dr. Coleman says, and she educates individuals on how improving their vision can enhance and benefit their quality of life, as well.

Dr. Coleman never knew that there was a problem with her double vision until she was in a lesson on the subject while studying at SCO. While she says that her vision never interfered with her grades in school, she had trouble



Vision therapist Christalyn Lewis working with a patient

reading and driving until she had vision therapy. The experience changed her life, and she says that she looks forward to continuing to help others in her community. "Vision therapy became my passion," Dr. Coleman says. "There's something new and different every day."

Despite the hard work, Dr. Coleman says that the flexibility of being her own boss is already paying off. She can schedule her last appointment for 1:30 and then leave to spend time with her 4-year-old daughter. **WO**

Train Others in Specialized Technique

Ever since **Debby Feinberg, OD**, started specializing in neurovisual optometry, she's received questions and inquiries from prospective patients. Some patients have driven many hours, flown or traveled by train to get to her practice, Vision Specialists



Dr. Feinberg

of Michigan in Bloomfield Hills, Michigan. "We still get emails, at least 25 a week, from all over the country and the world," Dr. Feinberg says. "The second I get someone from New York, I know where to send that patient's information."

That's because Dr. Feinberg has been busy developing a referral network. Around the time Dr. Feinberg was last featured in *Women In Optometry* in June 2013, she and her husband, emergency room physician **Mark Rosner, MD**, were developing an 800-page manual that embodies the work they've done, much of it related to binocular vision dysfunction, a condition where the eyes are misaligned, causing severe headaches, dizziness, anxiety and neck pain. They created an in-person course to train other ODs on their techniques for treating these neurovisual optometry conditions. Over six days, doctors can earn up to 40 COPE credits while they visit in Dr. Feinberg's office and receive personalized education and instruction. "We

also realized that these doctors would need necessary tools that aren't standard in optometric offices, so each graduate goes home with a rolling suitcase, and they are ready to see patients as soon as they get home," Dr. Feinberg explains. The course covers billing, clinical care and marketing.

"My goal was to train optometrists so that patients would not have to travel for care," Dr. Feinberg says, adding that she's provided neurovisual optometry care for more than 500 patients who traveled great distances to see her. "We need colleagues trained in each town." So far, nine graduates from California, Kentucky, Texas, New Jersey, New York and Pennsylvania have trained in her program. Dr. Feinberg's website contains a doctor locator, so patients who find her might be able to get in touch with a trained neurovisual optometrist closer to home.

Neurovisual optometry opens doors for both the patients (who find relief through treatment and new eyewear) as well as for practitioners who now have the opportunity to care for a new population of patients. "Who would have thought that eyeglasses could help people with headaches, dizziness, motion sickness, anxiety and neck pain?" Many have been suffering for years. "We're providing guidance in a new specialty in optometry. It's



Dr. Feinberg spoke in October at a TEDxDetroit event.

a paradigm shift for doctors that they don't need to see 20 patients a day. They can slow it down and see eight patients a day. It's a financially viable model that is professionally very satisfying."

Dr. Feinberg has been working with medical doctors to create awareness, and she spoke in October at the TEDxDetroit event, an opportunity at national exposure to lay people on this important topic. While it was a step outside of her comfort zone, Dr. Feinberg says, she is eager to help medical doctors and the general population think about eyes in a new way.

Visit the website vsinst.com for more information on Dr. Feinberg's education program. **WO**

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Neurovisual Optometry Services in High Demand

Kathryn Collins, OD, of Lititz, Pennsylvania, read about an interesting case that a fellow OD posted on the social media forum ODs on Facebook. The patient in the case had been in a car accident, and despite working with neurologists,



Dr. Collins

physical therapists (PTs) and occupational therapists (OTs), her progress had stalled because she couldn't see well. Dr. Collins reached out to the colleague, **Margaret Shirk, OD**, also from Pennsylvania. Dr.

Collins sent Dr. Shirk a validated questionnaire for the patient, which could help them determine if the patient could benefit from the neurovisual optometry services she offers.

In 2013, Dr. Collins read an article in *Women In Optometry* magazine featuring **Debby Feinberg, OD**, who had started a neurovisual optometry practice in Michigan. In that story, Dr. Feinberg had said she was drawing patients from as far as Pennsylvania. Dr. Collins recalls thinking that wasn't right. So she contacted Dr. Feinberg to ask how she could bring neurovisual services to her community. Dr. Collins and another OD went to Dr. Feinberg's office and spent a week learning and training with Dr. Feinberg and her patients with traumatic brain injuries, binocular vision disorders and other imbalance issues.

So Dr. Collins recognized the symptoms of

dizziness and instability that Dr. Shirk's patient, **Debra**, presented with. Debra came to see Dr. Collins, who determined after a detailed examination that eyeglasses with a small amount of vertical prism would help her symptoms. "After she received her glasses, Debra was able to return to the rehab hospital because

the OTs and PTs thought that she could make progress again. The patient was hoping to return to work where she teaches inner-city kids. Now she can," Dr. Collins says.

Neurovisual optometry isn't like vision therapy, where patients return to the practice for weeks or even months. "We're fitting them with glasses that have been shown to reduce patients' symptoms so they can get back to work, driving and normal life. Sometimes, that means that they can continue on to vestibular, occupational, physical and/or vision therapy with greater success," she says. But most times, it is not needed. For the past two years, she has been offering these services in her primary care office. "I hope at some point to be doing mostly neurovisual optometry. I have local patients, but many are coming from as far away as North Carolina and Virginia, so there are enough patients in our communities for many more of us to be offering these services,"



Dr. Collins works with Debra, who was referred to her by a colleague who realized the patient needed neurovisual support.

she says. Her patients are often referred by neurologists, who think there may be some visual component to a patient's problem; rheumatologists, whose patients have myofascial pain; and PTs, whose patients continue with dizziness and imbalance. "Many of their debilitating symptoms can be alleviated by realigning the patients' eyes. In the past, that wasn't successful because we were not asking the right questions, measuring the right parameters or knowing what to do with the information once we had it. But with the proper research, education and digitally designed lenses, we can prescribe smaller amounts of prism, and it is really helping."

Neurovisual exams typically last about 90 minutes for a first exam. "But the response is amazing. I've gotten more hugs and shared more tears in the two years I've been offering neurovisual optometry than I have in my whole career. Patients are so appreciative." **WO**

Launching a New Service With a Makeover

Leslie O'Dell, OD, recently joined Wheatlyn Eyecare to bring dry eye services to the region. The timing was good, not only from a service-delivery perspective, but also because the practice was undergoing a remodeling and adding new signage. As a result, the Dry Eye Center of Pennsylvania, housed within Wheatlyn, had a chance to open up with a little extra fanfare.

The partners at Wheatlyn embraced the idea of a dry eye center where patients could be diagnosed and interventions could start earlier, she says. One of the exam lanes in



Dr. O'Dell

the practice is dedicated exclusively to dry eye services, with a microscope for demodex cases. The patients who come for dry eye consultations are provided with different questionnaires at check in. Even though the practice offers primary eye care, Dr. O'Dell is making it a point that patients referred

from other ODs return to those ODs for their primary and general eye care. That will help her build more referrals.

"We are now providing more dry eye products at retail," she says, noting that it's important



When Wheatlyn Eyecare remodeled, it added space for the Dry Eye Center of Pennsylvania.

to her to know that patients are purchasing the prescription and over-the-counter products that

she is recommending. Patients can purchase these products at the dispensing bar, where they also pick up contact lenses or have their eyeglasses adjusted. Wheatlyn has a second



location, but the dry eye services are centralized at the main office. "We have set up good protocols that the doctors follow to know when to send

them over," she says. She has also been busy developing step-by-step protocols for in-office manual expression for meibomian gland dysfunction (MGD), following the LEO method: liquefy, express, observe. "LipiFlow is a great way to treat MGD, but if a patient is not going to elect to have that treatment, other options need to be offered. MGD is chronic and progressive in nature, so



The opportunity to bring on a new doctor and new services coincided with the practice remodeling.

simply not treating it is not an option," says Dr. O'Dell. **WO**

OD Builds Exclusive Neurovisual Practice in New York

While she was in Michigan to visit her daughter, **Cheryl Berger Israeloff, OD**, visited the office of neurovisual optometrist **Debby Feinberg, OD**.

Dr. Feinberg wasn't there that day, but between the phone conversations the two women had had and speaking with the doctors and office staff in Michigan, Dr. Berger Israeloff says, "I knew in my heart that I wanted to dedicate my professional life to helping people with neurovisual problems." It's been a two-year journey that is taking on a new dimension now as Dr. Berger Israeloff is opening the Neuro Visual Center of New York (NVCNY) in Garden City, New York, an eastern suburb of New York City. "I'm trying to clone Dr. Feinberg's practice in New York," she says.

She is also maintaining her primary care practice. The two locations are about 10 miles apart, but the offices are different. "One is very retail, general optometry. The other is a suite in a medical office with all new state-of-the-art equipment, and we're starting as paperless as possible," she says. She is working to transition herself to working exclusively in the NVCNY.

Dr. Berger Israeloff says that moving toward neurovisual work was an opportunity to do something different and very meaningful. "This is a patient population that needs help. We can make a big impact on someone's life—and it's one area where we don't have a lot of competition. In New York, there's an optometry practice and an ophthalmology practice on practically every corner."



Dr. Berger Israeloff

Dr. Berger Israeloff had been seeing these patients in her regular practice, but she says that a dedicated facility will be helpful. "Patients who have vertical heterophoria or migraine sufferers or traumatic brain injury patients know a lot of the same people. They've gone to multiple doctors for help," she says. "I have had patients whom I haven't even helped yet who are so thankful that I sat and listened and didn't call them crazy. They are so grateful I was able to validate their feelings."

She's been introducing herself to vestibular therapists and concussion doctors in the area. She explained that she uses a binocular vision dysfunction questionnaire that is scored. The score can raise a red flag that the patient warrants a binocular vision assessment. "During our first visits with prism and trial framing, we can see right away if this is going

to help," she says. Patients sometimes return a few months later for some lens adjustments as their results progress. "We can get them back to functioning fairly quickly," she says.

She encourages ODs in primary care practices to screen patients with migraines and other chronic complaints. A binocular vision dysfunction test for adults and children is available on Dr. Debby Feinberg's website, vision-specialists.com, as well as on her own site, nvcofny.com. "If you suspect that a patient has symptoms of binocular vision dysfunction, have the patient complete the questionnaire and share those results," says Dr. Berger Israeloff. "Sometimes in the optometric community, doctors are hesitant to refer out, but this is a good cause. A lot of the symptoms aren't visual; they're vestibular. I've had a patient who got dizzy pushing a shopping cart, for example. Neurovisual optometry isn't for everyone, but it's important to have this in the toolbox of options." **WO**

The Neuro Visual Center of New York

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Questionnaire

Please take our test if the following applies to you. Your symptoms may be caused by an undiagnosed Binocular Vision Dysfunction (BVD) that would not be found on a routine eye exam.

- you have experienced symptoms such as headaches, blurry vision, dizziness, or anxiety over a short or extended period of time
- you have seen one or more specialists for your symptoms and have found no relief
- you have experienced a concussion or traumatic brain injury (TBI)
- you have been diagnosed with ADHD, dyslexia, other learning disabilities

Could all your symptoms be coming from your eyes? A BVD causes one eye to see an image differently (vertically, horizontally—or both) than the other eye. The body corrects this by overusing and severely straining the eye muscles, causing the symptoms of BVD which include headaches, blurry vision, dizziness, difficulty with reading, learning and concentrating, and even anxiety in large spaces.

A binocular vision dysfunction survey can help ODs and patients determine where they could benefit from neurovisual services. All the neurovisual ODs in this cover story include this questionnaire on their websites.