

## Neuro-Optometric Rehabilitation Association, International July 2008

### President's Message



#### Office of the President

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I want to sincerely thank the entire NORA membership for making my first term as President a challenging and worthwhile experience. With the traumatic brain injury issues of the Afghanistan and Iraq war, neuro-optometric rehabilitation is in great demand; The numbers are staggering. It is time for NORA to assert its message of improved outcomes in rehabilitative medicine. We can contribute to the healing of these men and women of the armed forces and return them to productive life. In addition to the men and women of the armed forces, we can help others with neurologically-related visual challenges in our daily practice.

I have met with many great individuals and corporations in advancing their knowledge of NORA. The many kind, appreciative words of encouragement and support have added to the satisfaction of my first term. Special thanks to my fellow colleagues for their advice and guidance: Bill Padula, Vince Vicci, Eric Ikeda, Janet Berthiaume, Diana Ludlam, Bob Williams, Dianne Simmons-Grab, Carl Garbus, Sue Wenberg, Penelope Suter, Danny Gottlieb, Alma Privette, Chris Nelms. All of you have enhanced the teamwork necessary for this organization to function. Thank you for allowing me the privilege of serving NORA for another term.

This year, we have had tremendous activity on all fronts:

- Legislatively, we partnered with David Danielson to help pass Senate Bill 1999 and House Bill 3558. These bills involved the development of Neuro-

Optometric Rehabilitation Centers of Excellence. Our grassroots efforts with our allied professionals were reflective of a multi-disciplinary team approach.

#### In This Issue:

- ◇ President's Message
- ◇ Letter from the Editors
- ◇ Op-Ed
- ◇ NORA's Newest
- ◇ 2008 Conference Report
- ◇ Neuro-Optometric Pearl

- Our reciprocity with IARP (International Association of Rehabilitation Professionals, International) allows for exchange of information with forensic life care planners and case managers
- Our participation in other conferences outside of Optometry has made these organizations aware of our rehabilitation benefits to their clients. In the months to come we will be participating with the North American Brain Injury Society, the Brain Injury Association of America, and the International Association of Rehabilitation Professionals. These organizations provide potential referrals to the NORA membership. We must therefore distinguish ourselves by our ability to become a vital multi-disciplinary team participant.
- Our annual conference in San Antonio, Texas was the highest attended conference in NORA's history. My special thanks to Sue Wenberg and her committee who made the conference exceptional. Our program drew high praise and the topics were extremely timely and current. We hope that you will keep March 12-15, 2009 available to join us in Portland, Oregon at the Benson Hotel. We are optimistic that there will be even a greater attendance.
- We continue to make our presence known to the AOA through our involvement in the Neuro-Optometry Project Team. The project team has become a committee in the AOA. Hopefully, this committee will become the next AOA section in addition to the low vision section, the primary care section, and the contact lens section.
- We are glad to work with Fran McVeigh, Department of Defense, and the Veterans Administration in providing knowledge and assistance to our veterans and the men and women of the armed services. On May 19<sup>th</sup>, Fran represented NORA at the opening convocation at Walter Reed Hospital for the Neuro-Optometric Rehabilitation Program. This program is the result of legislation passed with the assistance from NORA's Bill Padula, Vince Vicci, and Eric Ikeda. Our thanks to them.
- We intend to lead neuro-optometric rehabilitation into the future by working to develop internet online courses and educational curricula. We are discussing these opportunities with private entities and a major university, allowing us to expand NORA edu-

*President's message continued on page 5.*

## From the Editors

Tom Politzer, OD, FAAO, FNORA and Amy Berryman, OTR, MSHSA

Welcome to the latest format of the NORA Newsletter! We are so excited to be working together to inform you about all of the great things that NORA is accomplishing! We have implemented a few changes that we would like to bring to your attention, and we would like to enlist your help for contributions to create a good forum for information sharing:

- We have started sending the newsletter online! This will save paper and will be an easy way for members to quickly access NORA information.
- We have added two new features:
  - \* *NORA's Newest*: Recognition of new members for networking purposes
  - \* *Tricks of the Trade*: A forum for sharing discoveries that enhance practice
- We continue to need contributions for old features:
  - \* *Members on the Move*
  - \* *Clinical Pearl*

In addition to the aforementioned ways to contribute, we would love your feedback and ideas! Please feel free to contact us with any information you want to include.

### How to contribute:

- Submissions should be sent in a Microsoft Word document via attachment to the following e-mail address:  
[noranewsletter@gmail.com](mailto:noranewsletter@gmail.com)

We look forward to hearing from you over the next three months!

Sincerely,

Tom and Amy

## Mission Statement

**The Neuro-Optometric Rehabilitation Association, International (NORA) is a group of committed individuals from various disciplines committed to advancing the art and science of rehabilitation for neurologically challenged patients.**

## Op-Ed

Tom Politzer, OD, FAAO, FNORA

What has four wings and flies?

When I graduated from optometry school many years ago I knew I wanted to be involved in vision rehabilitation. Back then we thought of low vision and vision therapy. There wasn't really any combination of the two, and certainly there was not the field of Neuro-Optometric Rehabilitation.

I purchased several vision therapy plans and programs from a variety of authors. I really wanted a "cook book" so once I made "**THE**" diagnosis I could simply follow a proven plan by "the experts" and the patient would get better. Well, a couple of things happened and that plan didn't go as planned.

For whatever reason I had a lot of patients early on with interesting problems. Some of them had head injuries, some had multiple sclerosis, and some just weird vision symptoms and findings that I did learn about in college. I somehow muddled on and realized the cookbook wasn't working. I learned from colleagues that the cookbook didn't work for them either, so I was relieved. But darn, these patients still had weird vision. At one point I thought my visual field machine must be bad, so I bought a brand spanking new Humphrey. Well, yeah, you guessed it, the fields were still weird.

Ok, so 17 years ago we had the first NORA conference. I was really excited to attend not only to learn, but to see if other people I knew, or heard of, had weird patients also. They did!, And I was so happy to find out I wasn't alone.

Over the years I've continued to see more and more patients with vision problems resulting from neurological injury and disease. Now I've grown to learn that I don't have weird patient with weird problems. I have wonderful patients who have a variety of challenges. It is up to me and the rest of the team to help them.

I still get challenged. You know the kind of patient I'm talking about. Its like, "wow, how can they have this, and that, and this, and that all at the same time?" Then (and this is the whole point here) I smile and remember what my good friend Bob says. What has four wings and flies? Two birds. So, I take a step back, get organized in my head, take some time to think and realize yes, they can have more than one of "**THE**" diagnoses.

## 2008 Conference Report

### Overview

*Amy Berryman, OTR, MSHSA*

For four days this spring, the Alamo was not the only mission in San Antonio...A record number of NORA members and associates gathered April 10-13 to further the mission of NORA: advancing the art and science of rehabilitation for the neurologically challenged patient. NORA Clinical Skills courses were held the first two days of the conference, followed by the general meeting. Our speaker lineup and exhibit hall were exceptional this year; they truly captured the multi-disciplinary and collaborative essence of NORA, and gave us plenty of new ideas to improve our practice. That, plus first class margaritas, made this year's conference one to celebrate!

### Speaker Highlights

*Susan Wenberg, DC*

The major motivations for attending the NORA annual conference continue to be the Educational Program and the opportunity to network with colleagues. Comments from this year's program included:

- "The compilation of education was the best I've seen at NORA."
- "A fantastic, all-around event!"
- "Great advancement of our science."

When asked, "What did you learn at this conference that you can apply to your practice?", attendees noted:

- "Interdisciplinary approach is key in treating patients."
- "Every concept from each lecturer was incredible. I learned from each one. Applications include a new way of viewing a patient's oculo-motor system."
- "The introduction to Orofacial Myology was fascinating and I hope there is a practitioner in our area"
- "I got more treatment options for patients with TBI and other neurological problems"
- "It gave me a clearer idea of how much I do not know and stimulated me to use the material and references to learn more."

Researchers and clinicians from several fields shared information on research, therapeutic approaches, and neuroscience. Topics included:

- Vestibular rehabilitation and the oculomotor system
- Orofacial Myology
- Reflex patterns, primitive reflexes, and rehabilitation
- Anticipation, games, aging, and neurological loss

- Neuroplasticity of saccadic and vergence eye movements identified with functional MRI
- The relationship between oculomotor skills, anatomy, proprioception, and development
- Felderstruktur (you had to be there)
- And much, much more!

If you missed the 2008 conference or attended and would like a review, you can still get a sampling of the meeting! CDs of the lectures are available for purchase. Print out the order form from on the NORA website ([www.nora.cc](http://www.nora.cc)) or e-mail Bob Williams ([rwill23@hotmail.com](mailto:rwill23@hotmail.com)) to ask for the order form.

The following websites feature additional information about two of the topics addressed at the conference:

- [www.iaom.com](http://www.iaom.com)—the International Association of Orofacial Myology (IAOM) promoted by Sandra Coulson
- [www.nadin.name](http://www.nadin.name)—Dr. Nadin reminded us that play involves an open attitude, and that individualized therapy is critical.

### Skills Program

*Carl Garbus, OD*

Our clinical skills building program is continuing to go through positive changes. Based on recommendation from participants Skills Level I curriculum has incorporated treatment protocols into the program. The Skills Level I program is not considered to be a beginning course, but is packed with information that would be beneficial to all of our NORA members. The Skills Level I examination has been updated and more challenging.

This year Sue Wenberg, DC will be the new chairperson for the Curriculum Program. She will be working with the Skill Level coordinators as follows: Level I Curt Baxstrom, O.D., FNORA, Level II Vincent Vicci, O.D. and Level III Penelope Suter, O.D., FNORA.

During our clinical skills presentations at the Preconference this year in San Antonio we were honored to have the following NORA members take center stage: Jim Thompson, O.D., Joseph Bytof, O.D., Bob Edwards, O.D., Peter Guhl, O.D., and Norman Einhorn, O.D. Each one gave either a case report or a presentation on specific topic in neuro optometric rehabilitation.

If you would like more information about our Clinical Skills Building Program contact Sue Wenberg, DC or Chris Nelms, OTR/L. To sign up for the program contact Bob Williams at OEP.

## 2008 Conference Report



*Learning in Action at the Conference*

### Student Program

*Sarah Lane, OD*

The NORA student program is growing! This year, NORA gave 10 students travel grants to attend the conference. The grant included a \$200 travel stipend, free registration, and accommodations. In return, the students who received the grant provided volunteerism for various conference administrative needs. The following optometry schools were represented: State University of New York, Pennsylvania College of Optometry, Illinois College of Optometry, Southern California College of Optometry, Northport VA Medical Center, Ohio State University, Northeastern State University Oklahoma College of Optometry, Parker College of Chiropractic, and D'youville College of Chiropractic.

In addition, 3 non-grant recipients were also present, bringing the total number of students to 13. The "Dinner With a Doc" program took on a life of its own and seemed to be a highlight among the students. Facilitating the "after hours" meetings and conversations really gave the students an opportunity to see what the NORA community is like. We hope to extend the NORA community to more students in the upcoming year!



*2008-2009 NORA Board*

### 2008-2009 Board Appointments

The following members were appointed to the board for 2008-2009 with a full vote of confidence from the membership:

#### **Executive Board:**

**President: Don Fong, OD**

**Vice President: Carl Garbus, OD**

**Secretary-Treasurer: Janet Berthiaume, OTR, FNORA**

**Immediate Past President: Erik Ikeda, OD**

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**Sue Durham, OD**

**Chris Nelms, OTR**

**Diana Ludlam, COVT**

**Curits Baxstrom, OT, FNORA**

**Sarah Lane, OD**

#### **Council Emeritus:**

**John Streff, OD**

**William Padula, OD, FNORA**

**John Thomas, OD**

Congratulations to these committed members of NORA!!

cation beyond our annual conference.

- Neuro-optometric rehabilitation has been included in the curriculum structure in the newest Optometry school, Western University. Their emphasis on neuro-optometric rehabilitation confirms the desire for optometry's inclusion in rehabilitation from outside the optometric organizations. We hope that NORA professionals will mentor Western University students as they expand their clinical diversity. The first class begins in 2009; we look forward to their growth in neuro-optometric rehabilitation.
- We will partner with our colleagues in the Optometric Extension Program, the College of Syntonics, and the College of Optometrists in Vision Development to promote our areas of common interest. We have started planning to host our 2010 annual conference in conjunction with the International Behavioral Optometry Congress in Ontario on the campus of Western University. We hope that NORA members will attend and contribute toward this event.
- NORA was the recipient of the Ford Motor Company's TIA award. We are encouraging patients to view the "useful field of vision" to determine if they are at risk during driving. This expanding program by Ford Motor Company will enable our patients to recognize visual processing issues that may be impacting their driving performance. Our sincere thanks to Frank Cardimen, President of the Traffic Improvement Association, for their contributions.
- We are continuing to encourage scientific and clinical evidence based Neuro-optometric rehabilitation by submission of articles for publication in refereed journals.
- Last but not least, NORA officially trademarked the term "neuro-optometric rehabilitation" this year!

If our past is any indication of our future, we'll be moving forward with great strength in the year to come. If you have any ideas, thoughts, or items that would be of interest, please share them with me or the NORA board of directors.

Sincerely,

Don Fong, OD  
President

## Clinical Pearl

*Tom Politzer, OD*

Lagophthalmos is a serious condition associated Facial nerve (CN7) injury and Bell's Palsy. The inability to blink, especially if combined with a hypo-aesthetic cornea can lead to devastating exposure keratitis, scarring and even blindness.

Typically these patients are treated with aggressive lubrication, tarsorrhaphy, or surgical implantation. About two years ago I discovered a product called "Blink-eze" produced by the Med Dev corporation. It is a temporary eye lid weight made of a hypo allergic metal they call Tantalum. They are available in a variety of weights ranging from 0.4 grams to over 2.0 grams. They are rectangular and made with a radius of curvature roughly equal to that of the eye. They are placed about 2 mm above the upper lid lash margin and centered approximately one-third to two-thirds temporally from the center of the lid. They are held in place with double sided tape. A diagnostic kit is available. By trial and error various weights are applied until the proper amount of blink and corneal coverage is achieved. Personally I have found the typical weight ranges from 0.8 to 1.2 grams.

Over the years I have seen patients go blind in an eye because of the inability to control their lagophthalmos. While Tarsorrhaphy is an option, it is surgery and renders the patient monocular. Implanted gold lid weights are a great option, but again are surgery and are not easily amenable to change as the lagophthalmos resolves.

I keep a full kit of the Blink-eze weights with me in my hospital kit. I have found them to be quick, easy and most important, effective. I place and dispense them at the exam. Nursing, therapists, the patient and their family are educated about management and given a supply of tape strips. I follow up and manage the patient.

Here is a link to the product:

<http://www.fci-ophthalmics.com/pdfs/blinkeze.pdf>

## Tricks of the Trade

### "Communication"

*Eric T. Ikeda, O.D. & Chris Nelms, OTR/L*

It is important to remember that memory deficits often accompany a brain injury. Even the best of us have difficulty recalling information after we leave the doctor's office. Communication is essential for good follow-through and improved outcomes when working with the traumatic brain injured patient. Therefore, it may be well worth the extra time and effort to either have the patient write down your instructions or information that you want them to share with the other team members, or to help them recall for their next office visit. You may also want to consider communicating your follow-up instructions with the other team members via voice phone or fax. Or, when the patient is accompanied by a care giver, he/she may take notes as well, to help with recalling accurate instructions and to facilitate the rehabilitation process.

*Want to contribute to "Tricks of the Trade"? E-mail the editors at: [noranewsletter@gmail.com](mailto:noranewsletter@gmail.com)*

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*Mark your calendars...*

**2009 Annual Conference**  
**March 12-15**  
**Portland Oregon**  
**Historic Benson Hotel**

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For more information about Portland:  
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