



## Monday 19<sup>th</sup> November, 2018.

### Opening Session

9.00-9.15

Opening and Welcome

9.15-9.45

**Opening Address: Amanda Vanstone**

**Bio:** Ms Vanstone is a lawyer and former South Australian senator who held several ministerial portfolios during her term. After retiring from politics, she served as the Australian ambassador to Italy. Ms Vanstone is currently the Chair of Vision 2020, Royal Flying Doctors Service and Samstag Museum Advisory Board. In addition to her roles as Chair, she is also Director of the Port Adelaide Football Club, a Board Member of Drinkwise Australia and the Governors Institute of International Trade, and a Member of the Referendum Council on constitutional recognition of Aboriginal and Torres Strait Islander peoples and the Adelaide Festival Board.

9.45-10.30

**Patricia Lance Lecture: Marion Rivers**

**Title: Association and Profession - You can't have one without the Other.**

**Abstract:** Marion has spent a 50 year career in differing settings as an orthoptist in service delivery, management and in association management and offers this as a background to an investigation of professionalism of the orthoptic profession in Australia.

The paper will examine the relationships between profession and association. It will investigate what makes a profession and why a profession needs an association.

It will investigate what makes a professional and how does that differ from a technical expert. We will continue the exploration of professionalism to incorporate modern professional associations and their governance. It will examine the co-dependence between association and profession.

The paper will look at the current state of the OA and where it might be heading in the future to best serve the needs of a diversified workforce.

Heading into the future OA must provide the best possible member benefits to support the growth of the profession of orthoptics.

**Bio:** Marion studied Orthoptics at Sydney Eye Hospital. Her first orthoptic position was working at Kings College Hospital in London with Mr T. Keith Lyle. She has worked in many fields of orthoptics in a variety of settings across Australia and in the UK. She has worked with some notable ophthalmologists and spent many years at the Royal Children's Hospital in Melbourne. She has been head of department in both London and Australian hospitals. For some years she also had a private practice in Sydney.

She represented Orthoptists for many years on the Orthoptic Board of Australia and has held several positions on Federal Orthoptic Council including President and Secretary. She has the distinctive honour of being President of orthoptic association branches in 3 states. Marion has represented the profession at government health and education enquires.

	<p>Marion was Orthoptic Australia's International Orthoptic Association Representative for 4 years. She was elected a Fellow of OA in 1989. Over many years she has presented scientific papers at local and international level and lectures at universities as a guest lecturer. In 2000 she joined Vision Australia as the paediatric orthoptist for NSW, travelling the entire state. She has an ongoing interest in paediatrics, particularly with children who are blind or have low vision. She retired from Vision Australia in 2014 as Client Service Manager for NSW.</p> <p>Marion moved to Victoria and consulted to a local area health authority on the introduction of NDIS. She was re-elected president of OA in November 2017 and now sits on committees for Vision 2020 and Allied Health Professions Association.</p>
10.30-10.45	Novartis: Platinum Sponsor Session
10.45-11.15	<b>Morning tea</b>
<b>Orthoptics Australia Session</b>	
11.15-11.25	Zoran Georgievski Medal presentation
11.25-11.35	<p><b>Orthoptics Australia Workforce Survey: Mara Giribaldi</b></p> <p><b>Abstract</b>  <b>Aim:</b> To present data collected from the Orthoptic Australia workforce survey 2016/17 about current demographics, academic qualification, employment patterns and current professional practice.  <b>Method:</b> Financial members of Orthoptics Australia as well as non-members were encouraged to participate in the online workforce survey. Data was collected from 1st July 2017 to Dec 2017 using the online survey tool, Survey Monkey.  <b>Results:</b> The paper will report on the data collected surrounding gender, distribution, age, nationality, Australian and other countries, place of residence, location and status of employment and diverse clinical areas of practice.  <b>Conclusion:</b> This workforce survey provides information about the profession in 2016/7. The results are a platform for data analysis for use in the future.</p>
11.35-11.45	OA New Graduate Mentorship Scheme
11.45-11.55	<p><b>Dr Kate Taylor: Keep Sight</b></p> <p><b>Abstract:</b> the details of a new management system for diabetic eye disease to be launched by Diabetes Australia, Specsavers, Vision 2020, and Federal government in 2018 will be presented.</p> <p><b>Bio:</b> Kate Taylor trained as an ophthalmologist, and holds a MPH from Johns Hopkins University as a Fulbright Scholar. She has worked with McKinsey &amp; Company, the World Economic Forum's Global Health Initiative, International AIDS Vaccine Initiative, and GlaxoSmithKline Biologicals. She brings experience in innovative partnerships spanning new vaccine development through to innovative financing, including the multi-billion dollar Advanced Market Commitment for pneumococcal vaccines. Kate also sits on the Board of the Independent Hospital Pricing Authority and the Australian Digital Health Agency's Clinical and Technical Advisory Committee. She previously was involved with the board of the Mental Health Cooperative Research Centre in Australia and internationally with the boards of Roll Back Malaria, Stop TB, the GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.</p>
11.55-12.05	Meet the Council
12.05-12.45	Orthoptics Australia Annual General Meeting
12.45 – 1.30	<b>Lunch</b>

Paediatric Session	
1.30-1.50	<p><b>Dr Katie Billing: Retinopathy of Prematurity: An Overview (Invited Speaker)</b></p> <p><b>Abstract:</b> An overview of current screening practices, treatment options and outcomes in children with retinopathy of prematurity</p> <p><b>Bio:</b> Katie Billing is a consultant ophthalmologist at the Womens' and Childrens' Hospital and Flinders Medical Centre in Adelaide, Australia. She has a special interest in paediatric ophthalmology and retinopathy of prematurity, running the ROP screening service at Womens' and Childrens' Hospital. Dr Billing was awarded her medical degree from the University of Adelaide and undertook ophthalmology training in South Australia. She is the Director of Training in the South Australian Ophthalmology Network.</p>
1.50-2.00	<p><b>Renee Fernandez: Retinopathy of Prematurity in retrospect: trends in Retinopathy of Prematurity over a 10 year period</b></p> <p><b>Abstract:</b> Retinopathy of prematurity is (ROP) is a potentially blinding condition which affects the developing retinal blood vessels of infants born prematurely. Improvement in neonatal care over the years has led to increased survival of extremely premature infants, who are at particular risk of developing ROP. This retrospective study will report on the incidence of ROP in a population of premature infants admitted to a South Australian neonatal care unit over a 10-year period. It will further examine the relationship between gestational age, birthweight, incidence and severity of ROP.</p> <p><b>Bio:</b> After completing a Masters in Orthoptics from the University of Sydney in 2014, Renee went on to work at the Queensland Eye Institute and Lady Cilento Children's Hospital in Brisbane, specialising in the areas of Neuro-ophthalmology, Paediatric Ophthalmology, Anterior Segment and Retina. In 2017, she then relocated to Adelaide where she now works at Flinders Medical Centre working in Paediatrics, Adult Strabismus and General Ophthalmology.</p>
2.00-2.10	<p><b>Felicia Adinanto: The prevalence of eye conditions in children admitted to neonatal intensive care units</b></p> <p><b>Abstract: Purpose:</b> To compare the prevalence of eye conditions in children who had been admitted to Neonatal Intensive Care Units (NICU) and those who had not.</p> <p><b>Methods</b> The Sydney Children's Eye Disease Study examined 2446 children between 6 months - 6 years. All children underwent a comprehensive ocular examination including; visual acuity, cover test and cycloplegic refraction.</p> <p><b>Results</b> A total of 150 children were reported to have been admitted to NICU. Overall, 28.7% of children admitted to NICU presented with some form of eye condition and this did not differ from those who had not been admitted (23.5%, <math>p=0.148</math>). However, there was a significantly higher prevalence of strabismus in children admitted to NICU (6.7%) compared to those not admitted (2.8%, <math>p=0.007</math>). There was also a significant difference in the prevalence of refractive errors with a higher prevalence of myopia (<math>&lt;0.50D</math>, 6.8%, <math>p=0.007</math>) and anisometropia (6.8%, <math>p&lt;0.0001</math>). The prevalence of ocular pathologies (<math>&lt;1.00D</math>, 6.7%, <math>p=4.60</math>) in children admitted to NICU was similar to those not admitted.</p>

	<p><b>Conclusions</b> The overall prevalence of eye conditions within children admitted to NICU similar to those who had not been admitted however, there was an increased risk of developing strabismus, myopia and anisometropia.</p> <p><b>Bio:</b> Felicia graduated from the Master of Orthoptics program at the University of Sydney in 2014. She was awarded the Lance Jolly Prize and Dean's scholar award in 2015 for her outstanding academic achievements. Felicia is currently a PhD candidate at the University of Technology Sydney.</p>
2.10-2.20	<p><b>Faren Willett: Unblocking the system: chalazion and nasolacrimal duct obstruction phone clinic</b></p> <p><b>Abstract:</b> Lady Cilento Children's Hospital is the major specialist children's hospital with a large catchment area including the entire Queensland state and Northern New South Wales, receiving approximately 5,200 new referrals to Ophthalmology outpatients per year. These are then categorised by urgency according to the referral. There are numerous referrals for eye conditions such as chalazia and blocked tear ducts that may be conservatively managed at home, with improvement or complete resolution likely prior to their appointment. An orthoptist-led phone clinic has been implemented with a purpose to contact patients with these referrals to attempt to educate the family and resolve the issue before presentation. It is additionally an excellent screening tool to detect more serious pathology and ensure it is addressed in a timely manner. The phone call clinic has been in action for eighteen months and with positive impacts on waitlist numbers and waiting times.</p> <p><b>Bio:</b> Faren graduated from the Graduate Entry Master's program from La Trobe University in 2014. She started her career working at a diverse private practise in NSW and for the last year she has really enjoyed being a part of the orthoptic team at the Lady Cilento Children's Hospital. She has an interest in paediatrics as well as neuro-ophthalmology and retinal disease</p>
2.20-2.30	<p><b>Katie Geering: A retrospective review of retinoblastoma in a tertiary setting</b></p> <p><b>Abstract:</b> Retinoblastoma is the commonest primary malignant tumour of childhood. The Children's Hospital at Westmead is the primary centre for treatment in NSW. A retrospective review has been conducted on patients who were diagnosed with retinoblastoma within the last 5 years at The Children's Hospital at Westmead. The presenting reason, patient's age, visual outcome and treatment type will be discussed.</p> <p><b>Bio:</b> Katie has worked in a number of clinic locations since graduating in 2001 from the University of Sydney. Katie has since completed her Masters in Health Management. Katie specialises in paediatrics, electrophysiology and strabismus, and is currently the head orthoptist at The Children's Hospital Westmead.</p>
2.30-2.35	<p><b>Dr Megan Prictor: Cataract Kids Australia – a nexus for consumers, health professionals and researchers in childhood cataract (Rapid fire)</b></p> <p><b>Abstract:</b> Cataract Kids Australia was established as a registered charity in 2017, with the mission of improving the visual outcomes of children in Australia affected by congenital, infantile and childhood cataract. It aims to enhance the support and information provided to families, work with health professionals to optimise care and treatment outcomes, and liaise closely with researchers</p>

	<p>in the field. The Cataract Kids website (<a href="http://www.cataractkids.org.au">www.cataractkids.org.au</a>) is rapidly becoming known as an authoritative and comprehensive resource about cataract in children. For orthoptists, the organisation's benefits may include:</p> <ul style="list-style-type: none"> <li>• A high-quality, reliable source of information to share with families</li> <li>• A way to connect with other health professionals dealing with childhood cataract</li> <li>• Links to the latest research and the opportunity to advocate for new research</li> <li>• In the future, professional development opportunities.</li> </ul> <p>This presentation will introduce Cataract Kids Australia and the value it can add to orthoptic practice, and point to future collaborative and development opportunities.</p> <p><b>Bio:</b> Megan Prictor (PhD) is the Founding Director of Cataract Kids Australia and a parent of an aphakic child. She is a Research Fellow in health law at the University of Melbourne, and was previously Managing Editor of the Cochrane Consumers and Communication Review Group based at La Trobe University.</p>
2.35-2.45	<p><b>Louise Brennan: A is for Atropine</b></p> <p><b>Abstract:</b> It is quite remarkable that a drug that has been used in ophthalmology since the 1800's still remains at the forefront of eye care in paediatrics. Atropine is well known for its use in facilitating fundus examination and objective refraction. It is also used to treat uveitis, it can be helpful in the glasses adaptation of hyperopes and more recently low dose atropine is being used to aid myopia control. Most commonly in the paediatric setting atropine is used to augment amblyopia treatment.</p> <p>The cautions, downsides, benefits and tricks of using atropine as part of an amblyopia treatment plan will be discussed.</p> <p><b>Bio:</b> Louise is a senior clinical Orthoptist at The Children's Hospital at Westmead where she enjoys working as part of a great team and feels privileged to work with children and their families. Louise graduated from the University of Sydney with honours and is a Clinical Associate lecturer for the Sydney Medical school at The University of Sydney. Along with her clinical work and various projects she has been a part of she enjoys an active role in clinical education. She is currently undertaking the Sydney Children's Hospital Network clinical supervision course and is involved in the up-skilling and education of Orthoptic Students, nurses, and junior medical officers.</p>
2.45-2.55	<p><b>Lindley Leonard: Inverse The success and pitfalls of inverse occlusion</b></p> <p><b>Abstract:</b> The role of inverse occlusion in clinical practice will be discussed. Case studies will highlight the perceived success and pitfalls when making clinical decisions for children whom have eccentric fixation.</p> <p><b>Bio:</b> Lindley Leonard graduated from the University of Sydney in 2001 with first class honours. She has been working in the area of paediatrics since obtaining her qualification and is currently employed as a senior orthoptist at The Children's Hospital at Westmead. Lindley has been an active member of the profession since graduation with representation on state and federal bodies of the Orthoptics Australia council (currently holds position on both NSW committee and is NSW</p>

	Federal representative), RANZCO Strabismus Society Council and The Agency of Clinical Innovation Orthoptic Standing Committee. Lindley has presented at numerous national conferences and in 2006 and 2015 was awarded the OA Paediatric Orthoptic Award.
2.55-3.05	<p><b>Ashli Milling: The redevelopment of the Kay Picture Paediatric Visual Acuity Test</b></p> <p><b>Abstract:</b> an accurate assessment of visual acuity (VA) is vital to inform diagnosis and management of patients. Currently, there are a number of paediatric VA assessments available in which few are validated yet still in use. In the UK the Kay picture VA (developed in the early 1980s) test is one of the leading tests for pre-literate children in clinical practice. The test has since been redesigned with an aim to validate the updated optotypes to improve the resolution acuity, recognition, repeatability and compare with other gold standard logMAR acuity assessments.</p> <p><b>Methods:</b> to evaluate the redesign of the Kay Picture test, 4 stages were involved. In all phases the pictures were presented on a monitor as a single crowded optotype (with 5 optotypes at each VA level). Phase one: Resolution acuity for 25 pictures, eight Landolt C's and 5 ETDRS letters were assessed in adult subjects to ensure results were not impacted by varying cognitive abilities. Phase two: Recognition phase assessed children (&lt;30 months) to determine the most commonly identified pictures. Phase 3: Resolution acuity of a reduced number of pictures and the Landolt C were reassessed. Phase 4: Compared the redesigned Kay Picture test with LEA symbols and the ETDRS.</p> <p><b>Results:</b> resolution acuity was assessed in 50 adults. Mean acuity scores (<math>\pm</math>SD) with the 25 pictures ranged from <math>-0.123 \pm 0.124</math> to <math>-0.308 \pm 0.105</math>. The mean (<math>\pm</math>SD) acuity for the eight Landolt C orientations was <math>-0.059 \pm 0.120</math>, and <math>-0.128 \pm 0.101</math> for the ETDRS letters. Three pictures were removed at this point. The recognition of the pictures was assessed in 420 children (&lt;30 months). Analysis resulted in removal of 10 further pictures based on the recognition. Resolution acuity was assessed in 42 adults with the remaining 12 pictures. Based on mean bias levels and further recognition data the picture selection was reduced to six. A further 113 adults were assessed with the new Kay picture test, the ETDRS and LEA symbol. The mean bias indicated similar results between the tests. The final phase evaluated the repeatability of the newly designed test and the ETDRS. Kay pictures test and the ETDRS was assessed in 100 adults, no significant difference was found between either test (paired t-test, <math>p=0.1</math>).</p>
3.05-3.15	Question Time
3.15-3.45	Afternoon tea
<b>Genetics, Research and Retina Session</b>	
3.45-4.05	<p><b>Associate Professor Chris Barnett: Updates in Genetics (Invited Speaker)</b></p> <p><b>Genomics for orthoptists: genomics in Australia and its role in ocular genetic disorders.</b></p> <p><b>Abstract:</b> There has been a revolution in genetic testing capability in the last 10 years and the Australian government has invested \$500 million over the next 10 years to integrate genomics into routine clinical care. Genetic eye disorders will be ideally placed to benefit from this. Genetic eye disorders follow multiple forms of inheritance and a genetic diagnosis can be helpful in prognosis, management and providing information to the affected individual/s and other family members regarding risk of recurrence. Additionally, genetic eye diseases are at the cutting edge of gene editing therapies. In this talk a</p>

	<p>quick primer on basic clinical genetics will be given as well as a summary of the role of genomics in clinical medicine in Australia and internationally, with particular relevance to eye disease.</p> <p><b>Bio:</b> A/Prof Barnett has dual fellowships in neonatal/perinatal medicine and clinical genetics and is the head of the Paediatric and Reproductive Genetics Unit at the Women's and Children's Hospital in Adelaide. He is the clinical lead of the NHMRC funded Genomic Autopsy Project. A/Prof Barnett's neonatal/perinatal training and Clinical Genetics training was done at the Women's and Children's Hospital in Adelaide and at the Hospital for Sick Children, in Toronto, Canada. He has research interests in prenatal genetics, fetal pathology and rare childhood diseases and has over 80 publications in peer-reviewed journals and has written multiple book chapters. He is the Clinical Genetics lead for the oculogenetics clinic at The Women's and Children's Hospital.</p>
4.05-4.15	<p><b>Diana Jelovic: Orthoptists in Genes (Invited Speaker)</b></p> <p><b>Abstract:</b> Developments in genomic testing technologies have opened opportunities for clinically diagnosed patients with inherited eye disorders to discover the underlying genetic cause. This can not only confirm their diagnosis, but also allows for informed reproductive choices and the option of future genetic therapies. Since the onset of Next Generation Sequencing and Whole Genome Sequencing, the demand for genetic testing for eye conditions has increased, as well as the need for multidisciplinary patient care. Hence, clinical orthoptics has a significant role to play in contributing ocular knowledge and clinical experience to the science, genetic, psychosocial and health economic aspects of ocular disorders. These multi-faceted components extend beyond the presentation and diagnosis of inherited eye disorders, shedding light on the complex medical and social elements faced by patients affected with these conditions in the new era of genomic medicine and therapy. The clinical skills of the orthoptist, in combination with engagement with the new diagnostic and therapeutic possibilities for patients, provides significant benefit in improved patient care related to the “who, when and why” of genetic assessment and the genomic medicine era.</p> <p><b>Bio:</b> Diana graduated from the University of Sydney with a Bachelor of Applied Science (Orthoptics) in 1997. Diana has worked as a clinical orthoptist in many paediatric and general ophthalmic practices. In March 2017, she joined the team at The Children's Medical Research Institute at Westmead, as Genomic Eye Coordinator.</p>
4.15-4.25	<p><b>Long Phan: Emerging tools in the measurement of time spent outdoors</b></p> <p><b>Abstract:</b> Emerging tools in the measurement of time spent outdoors. Time outdoors has been strongly associated with the prevention of childhood myopia in numerous studies. The proposed mechanism behind this light mediated effect has also been supported in animal models. Yet the implementation of this environmental modification into broad public health policies has been slow, as existing quantitative outcomes have been based upon subjective measures and accurate dose-response relationships have not been recognised. Recently, devices such as the Clouclip P2 light meter (Mirror Technology Co Ltd., Hangzhou) have emerged with the potential to precisely capture light exposures as well as near work; another significant contributor to myopia. This device can provide further detail of two important facets of time outdoors: the duration of exposure and the</p>

	<p>intensity of light required for a protective effect. Together with existing knowledge on other environmental factors such as intensive near work, education, socioeconomic status and geographic location, as well as pre-determined risk factors such as parental myopia and ethnicity, more effective intervention trials can be developed. This study investigates the validity of the Clouclip P2 as an objective device to more precisely measure outdoor time in combination with near work and compares the inherent differences between previously used illuminometers and questionnaires.</p>
4.25-4.35	<p><b>Premkumar Gunasekaran: “Crouch, touch, pause, engage”: using a visual tool to detect concussion in rugby union</b></p> <p><b>Abstract:</b> <b>Aim</b> To determine the utility of the King-Devick test (K-D) in diagnosing concussion and identifying its incidence in semi-professional rugby players.</p> <p><b>Methods:</b> Forty male rugby players (mean age 23.48±3.7 years; 22 forwards and 18 backs) who played in the top two divisions at the Randwick Rugby Club, Sydney, were recruited. Thirty-six players performed K-D test as a pre-season baseline. Twenty-eight were followed-up to repeat the test throughout 18 matches and following a concussion diagnosis.</p> <p><b>Results:</b> There were 112 injuries across the season with three direct ocular-related injuries, including one orbital fracture. Seven were diagnosed concussions (85.71% in forwards and 14.29% in backs), resulting in 9.72 concussions per 1000 match hours. Baseline testing resulted in an average completion time of the K-D of 41.4±7.89 seconds. Players that repeated the test throughout the season demonstrated significant improvements to their baseline (40.25±7.1 vs. 36.41±6.1 seconds, <math>p&lt;0.001</math>). Concussed athletes displayed average K-D scores that were significantly worse than baseline (33.63±5.4 vs. 36.04±6.0 seconds, <math>p=0.032</math>) with a mean difference of 2.41. One player demonstrated a 2 second improvement post-concussion.</p> <p><b>Conclusion:</b> The K-D test was useful in detecting concussion within this cohort. Results reflect over double the rate of concussion previously reported of 4.73 concussions per 1000 match hours.<sup>1</sup></p> <p>1. Gardner AJ, Iverson GL, Williams WH, Baker S, Stanwell P. A systematic review and meta-analysis of concussion in rugby union. Sports medicine. 2014 Dec 1;44(12):1717-31.</p> <p><b>Bio:</b> Prem Gunasekaran graduated from the Master of Orthoptics, at the University of Technology Sydney, in 2017. He was the inaugural president of the UTS Student Orthoptics Society and his class representative. Prem is enrolled in a PhD on sports-related concussion and has continued his clinical practice within the private sector.</p>
4.35-4.45	<p><b>Sahar Shariflou: Dynamic retinal vascular assessment: an innovative approach for early glaucoma screening</b></p> <p><b>Abstract</b></p> <p><b>Purpose:</b> Spontaneous venous pulsations (SVPs) are a potential biomarker for glaucomatous optic neuropathy, with reduced SVPs associated with thinner retinal nerve fibre layer and lower retinal ganglion cell (RGC) counts. We used a novel fundus imaging tool to investigate the association between SVPs and RGC estimates.</p> <p><b>Methods:</b> Forty-one participants (30 confirmed glaucoma, 74±11 years, 14 male; 11 suspects, 66±10 years, 5 male) had a 10 second video recording of venous</p>



	<p>circulation at the optic nerve head using a digital ophthalmoscope following dilation. RGC counts were estimated using established methodology (Humphrey Visual Field and Optical Coherence Tomography). SVP amplitudes were extracted from the videos using a custom written algorithm and a linear regression was applied to study the association between SVP amplitude and RGC counts.</p> <p><b>Results:</b> The mean percentile change in venous diameter (SVP amplitude) and RGC count was <math>38\% \pm 12\%</math> and <math>635455 \pm 169665</math>, respectively. We observed a positive association between SVP amplitude and RGC count (<math>r=0.34</math>).</p> <p><b>Conclusion:</b> Our findings suggest that SVPs may be a quantitative measure of structural and functional changes in GON. This novel tool could be further developed for early screening in glaucoma.</p> <p><b>Bio:</b> Sahar graduated from Orthoptics at the University of Technology Sydney (UTS) in 2016. She is currently a NHMRC Postgraduate Research Scholarship recipient and is a PhD candidate at UTS</p>
4.45-4.55	<p><b>Myra McGuinness: Vision-related quality of life as a predictor of progression to late age-related macular degeneration: self-reported outcomes from the LEAD study</b></p> <p><b>Abstract:</b> Despite major advances in the assessment of visual function and ocular structure during this century, there is no way of predicting exactly which patients with the earlier stages of age-related macular degeneration (AMD) will go on to develop later stage AMD. It has been hypothesised that patient-reported visual function may provide insight into physiological processes that are not yet clinically detectable. Participants of the Laser intervention in Early stages of Age-related macular Degeneration (LEAD) trial completed the 28-item Impact of Visual Impairment (IVI) Questionnaire and the 10-item Night Vision Questionnaire (NVQ) every year for three years in order to quantify their vision-related quality of life. The psychometric properties of these questionnaires were assessed via item response theory to validate their use among patients with intermediate AMD. Standardised scores were then analysed to assess the ability of the scales to reflect clinical measures of visual function, such as visual acuity and microperimetric sensitivity, and structural changes assessed via multimodal imaging. On average, the standardised scores decreased over the duration of the study and the risk of progression to late AMD, particularly geographic atrophy, was greater among participants who had lower questionnaire scores at baseline.</p> <p><b>Bio:</b> Myra McGuinness is an orthoptist and a consultant biostatistician. She has recently completed her PhD which involved quantifying the effect of modifiable risk factors for age-related macular degeneration. She is currently employed at the Centre for Eye Research Australia and the University of Melbourne School of Population and Global Health.</p>
4.55-5.05	<p><b>Monique Rose: Psychosocial impact of repeated intravitreal injections on patients with diabetic macular oedema</b></p> <p><b>Abstract:</b> Diabetic macular edema (DME) is caused by leakage of fluid from damaged blood vessels. Vascular Endothelial Growth Factor (VEGF) is elevated in eyes with DME, and drives vascular leakage. Centre-involving sight-affecting DME is currently treated with intravitreal anti-VEGF injections. It is a commonly performed procedure, which involves multiple injections every 4-8 weeks until the</p>

	<p>fluid is resolved and may be continued indefinitely to maintain vision, posing a high burden on patients. Patients differ in their personal need to undertake treatment. Patients evaluate clinician's advice and decide to follow it based on individual judgment and understanding of the illness and treatment. Theoretical models have been developed to increase understanding of treatment adherence behaviour. Horne and Weinmann developed the Necessity-Concerns Framework (NCF) to identify beliefs influencing patients' decisions to undertake medication/treatment. The NCF postulates that adherence is influenced by the necessity (personal need for the treatment) and concerns about potential adverse effects. A mixed method design (in-depth interview and self-administered questionnaires) was utilised to develop an understanding of treatment adherence in patients undergoing repeated intravitreal injection treatment for DME. Belief of Medicines Questionnaire-Specific (BMQ-Specific) assessed patients' beliefs and adherence to intravitreal treatment and Satisfaction with Information about Medicine Scale (SIMS) measured satisfaction with information received about treatment. The results will be presented by categorising public and private DME participants into the NCF and comparing treatment information satisfaction and qualitative reasons for treatment adherence. Enhanced awareness and understanding of nonadherence and patients beliefs could assist in the development of interventions to improve adherence.</p> <p><b>Bio:</b> Monique Rose completed BOrth (Hons) at La Trobe University in 2011. Monique's training and work experience have included both public and private practice. She has extensive knowledge in the areas of Ocular Motility &amp; Strabismus, Cataract &amp; Refractive surgery and Retinal/AMD. Monique's primary area of interest has focused on psychosocial issues, which included the completion of an Honors study, and current commencement of a PhD.</p>
5.05-5.10	<p><b>Sally Steenbeck: imaging in Retina (Rapid fire)</b></p> <p><b>Abstract:</b> Sydney Eye Hospital runs a very busy uveitis clinic in conjunction with one of its' medical retina clinics. The availability of multiple retinal imaging devices, such as Spectralis OCT and OPTOS, has made diagnosis both easier and faster. A few examples will be presented to highlight this.</p> <p><b>Bio:</b> Sally has been an orthoptist for over thirty years and currently divides her time between Sydney Eye Hospital, St Vincent's Clinic and Marsden Eye Specialists. Like most orthoptists she performs the occasional OCT.</p>

## Tuesday 20<sup>th</sup> November, 2018.

### Orthoptist Role in the Modern Era Session

9.00-9.10	<p><b>Shayne Brown: Where Orthoptics and Optometry diverged in the non-surgical management of strabismus</b></p> <p><b>Abstract:</b> Orthoptics as practised by orthoptists evolved from ophthalmology. Ophthalmologists recognised that the time-consuming therapy required to restore binocular vision to patients with strabismus could be undertaken by 'lay people'. These 'lay people' became the first orthoptists. By the late 1920s orthoptics was in its early stages of development in London. Ophthalmic opticians (optometrists as they are known in Australia) also practised a form of orthoptics in 1920s London. This paper will explore the theories underlying the difference in orthoptics as practised by orthoptists trained in the medical model compared with</p>
-----------	---

	<p>optometric practice. It will be shown that orthoptics had its roots in the physiology of eye movements and binocular vision, especially in the understanding of depth perception. Whereas the optometrists based their practice on an understanding of eye movements and depth perception based on psychological theories. The fundamental difference in approach goes some way in explaining why ophthalmologists trained orthoptists to follow the physiological, and therefore the medical evidence path in preference to working with optometry which based its practice on a non-medical model.</p> <p><b>Bio:</b> Shayne Brown (DOBA, DipAppSc, FOAA, MAppSc, BA) is a retired orthoptist, having worked as a clinician; as a Senior Lecturer in Orthoptics at La Trobe University, and as an Administrator at the Royal Australian &amp; New Zealand College of Ophthalmologists. Shayne's Master of Arts thesis topic is "A History of Australian Orthoptics, circa 1930-1975".</p>
9.10-9.20	<p><b>Rosamond Gilden: Closing the gap of vision by 2020 – where are we at?</b></p> <p><b>Abstract:</b> Aboriginal and Torres Strait Islander Australians still suffer higher rates of vision loss and reduced access to eye services than other Australians. The Roadmap to Close the Gap for Vision (2012) provides 42 sector-endorsed, evidence-based recommendations that address this inequity of vision and eye health. Significant progress is being made as evidenced in the National Eye Health Survey (2016), Roadmap Annual Update (2017), and Australian Institute of Health and Welfare (2018) reports. From the 2017 Roadmap Annual Update, 16/42 recommendations were fully implemented, with two-thirds of intermediate steps complete. Roadmap activity is occurring in more than 37 regions across the country, covering 60% of the Indigenous population. The 2018 report will outline further progress.</p> <p>Findings from the NEHS and AIHW, showed blindness rates had halved from six times (in 2008) to three times, with increased rates of diabetic retinopathy screening and cataract surgery of Indigenous Australians. Although great progress has been made in improving eye health outcomes of Indigenous Australians, the same is also occurring for other Australians. This presentation will provide an update on achievements and progress since the last Annual Update (2017) and what still remains to be done to Close the Gap of Vision by 2020.</p> <p><b>Bio:</b> Rosamond Gilden is a Research Assistant with Indigenous Eye Health (IEH) at the University of Melbourne. Rosamond is an Orthoptist and was Clinical Coordinator for the recent National Eye Health Survey. In her role with IEH, Rosamond is part of the Roadmap team, that helps to support implementation of the Roadmap to Close the Gap for Vision</p>
9.20-9.30	<p><b>Danielle Thorburn: Audit of clinical decision making in an ophthalmic diabetic photographic screening clinic</b></p> <p><b>Abstract:</b> The Austin Hospital, Melbourne, currently runs an Ophthalmic Diabetic Photographic Screening Clinic for patients diagnosed with diabetes. This is an orthoptist led clinic whereby patients are solely assessed by an orthoptist who screens for diabetic retinopathy. Despite the inclusion of orthoptists in this service, the patient's clinical pathway or clinical management is determined by the ophthalmology registrar upon reviewing the orthoptist's clinical notes at a later time.</p>

	<p>The aim of this study is to investigate the agreement between orthoptists and a principal ophthalmologist, on the clinical management decision for patients with diabetes presenting to this clinic. There is scope for future extension of the orthoptists role within this traditional service delivery model.</p> <p>De-identified clinical notes and retinal photos from patients attending this clinic in 2016 were retrospectively reviewed by a senior orthoptist and principal ophthalmologist for agreement on diagnosis and treatment plan and timing. Results are currently being analysed. The first 200 eyes will be presented.</p> <p><b>Bio:</b> Senior Orthoptist at Austin Health. Casual Lecturer at La Trobe University.</p>
9.30-9.35	<p><b>Gulsah Bakar: Orthoptic led paediatric diabetic retinopathy screening clinic in South Australia</b> (Rapid fire)</p> <p><b>Abstract:</b> <b>Abstract:</b> This rapid fire presentation will outline the paediatric Diabetic Retinopathy screening protocol, developed and implemented by the Orthoptists and Ophthalmologists at Flinders Medical Centre.</p> <p>The aim of the Orthoptic led screening clinic is to improve clinic and patient flow, as well as to provide better patient care to paediatric diabetic patients through a multidisciplinary approach involving Orthoptists, Ophthalmologists, Endocrinologists and Paediatricians.</p> <p><b>Bio:</b> Gulsah graduated Bachelor of Health Sciences/Master of Orthoptics at Latrobe University in 2013. She now works at Flinders Medical Centre and Vision SA in South Australia. Her interests are paediatric/adult strabismus and neuro-ophthalmology.</p>
9.35-9.40	<p><b>Jessica Collins: Orthoptic led vision screening service: one year in</b> (Rapid fire)</p> <p><b>Abstract:</b> This presentation continues on from the 74<sup>th</sup> OA Annual Conference where the design of the Orthoptist Led Vision Screening Service was described. With limited resources comprising only three orthoptists and a small suitcase, the service is now in its first year of operation at the Women's and Children's Hospital in Adelaide. This presentation features an update on the service's successes, pitfalls, barriers and solutions all encountered along the way. It will highlight the importance of an orthoptist's role in the context of a demanding public health system.</p> <p><b>Bio:</b> Jessica graduated from La Trobe University in 2011. Since then, she has been working at the Women's and Children's Hospital as the Community Outreach Lead Orthoptist. She currently manages several outreach clinics and coordinates the Orthoptics student programs for Adelaide placements. She also works privately at Eye Consultants SA in Adelaide with occasional clinics in Broken Hill, NSW.</p>
9.40-9.50	<p><b>Mythili Ilango: What is the ideal visual acuity cut-off for detecting ocular conditions in preschool children?</b></p> <p><b>Abstract</b></p> <p><b>Purpose:</b> Visual acuity (VA) cut-offs used in preschool vision screening programs are not universal. We aimed to establish the sensitivity and specificity for detection of refractive error, amblyopia and strabismus using different VA cut-offs.</p>

	<p><b>Method:</b> VA was measured using an electronic vision chart (single-surround HOTV) on 216, 4-year-old children. An orthoptic examination and cycloplegic auto-refraction (cyclopentolate 1%, Canon RK-F1) were conducted.</p> <p><b>Results:</b> Using a VA cut-off of 6/15 and 6/18, 100% sensitivity was achieved, however, lower specificity (74.2% and 73.8%, respectively) meant a number of children with ocular conditions (25.8%, n=55 and 26.2%, n=56, respectively) would go undetected. At 6/9.5 and 6/12, higher specificity was achieved, particularly with 6/9.5 (sensitivity 84.6%, specificity 76.8%). Of the 203 children who achieved 6/9.5 or better VA, 47 were false negatives; mainly with hyperopia <math>\geq +2.00D</math> (63.8%), but 23.4% had strabismus and/or amblyopia. Cover test combined with 6/9.5 VA cut-off, improved sensitivity (89.5%) and specificity (79.2%).</p> <p><b>Conclusion:</b> There was a good sensitivity and specificity using a 6/9.5 VA cut-off, making it appropriate for vision screening programs. However, a number of children with amblyopia and/or strabismus passed at the 6/9.5 cut-off, which indicates that a cover test may improve detection of these childhood eye conditions.</p> <p><b>Bio:</b> Mythili graduated from Master of Orthoptics in 2016 as part of the first cohort at the University of Technology Sydney (UTS). She is currently enrolled in a PhD, works in private practice and is a practitioner teacher at UTS.</p>
9.50-10.00	<p><b>Sevag Ipradjian: Developing the Orthoptist's scope of practice in a general ophthalmic setting</b></p> <p><b>Abstract:</b> As demand and expectations of our patients continue to rise: we can meet them. As more Orthoptists move away from ocular motility, traditional scope of practice boundaries are being tested. This topic aims at enlightening and empowering Orthoptists to initiate and assist in growth and development, not only in the work-place, but our profession. Outlined are topics discussing the need for orthoptists and developments in science for common conditions that have addressed the increase in dependence of Orthoptists and our skills.</p> <ul style="list-style-type: none"> <li>• Specialised dry eye treatment systems and how we (the Orthoptic staff) play a vital role for cataract and MGD patients.</li> <li>• Satellite outreach clinics and how we can assist with volume and flow.</li> <li>• Post-operative care – a developing role for clinical general ophthalmic Orthoptists.</li> <li>• Glaucoma monitoring and their 6 monthly reviews.</li> </ul> <p>We are increasingly sharing the workplace with Optometrists, Nurses and Technicians – but have much to offer in the field of ophthalmological sciences. Meeting demands of patients is a critical aspect of business development, and of course – patient confidence.</p> <p><b>Bio:</b> Sevag graduated with a bachelor of Health Science and Master of Orthoptics, with a background in Biomedical Science. He is currently working as the Senior Clinical Orthoptist at Cairns Eye and Laser Centre and Senior Clinician at Cairns Dry Eye Clinic, also running numerous satellite clinics in regional Queensland on weekends.</p>
10.00-10.10	<p><b>Catherine Mancuso: Orthoptists helping to improve access to eye health care</b></p> <p><b>Abstract:</b> Since 2012 there have been a series of reforms of specialist (outpatient) clinics in Victorian Public Hospitals with the aim to improve access to care for Patients. Despite significant efforts made by the various Health Services the State</p>

	<p>Government has recognised that more support is required to address current system constraints and gaps impacting on timely access. Over 2017 and 2018, Better Care Victoria and the Department of Health and Human Services initiated “The Specialist Clinics Access Improvement Partnership” (SCAIP) which was formed with 11 Victorian health services. The Royal Victorian Eye and Ear Hospital (E+E) was one of those Health Services. Orthoptists have long been recognised as a highly skilled and versatile professional group at E+E and many different iterations of our Scope of Practice have been explored over the years. Three different projects were undertaken at E+E, all utilising the Orthoptic Workforce in different ways. These 3 projects will be presented and the impact of the Orthoptic Workforce in the SCAIP will be discussed.</p> <p><b>Bio:</b> Catherine is currently the Manager of Diagnostic Eye Services at RVEEH. She is actively involved in managing the day to day service delivery of eyecare in the Specialist Clinics as well as work planning the future delivery of eyecare for our patients. She manages a dedicated and versatile team of Orthoptists and Medical Photographers. Catherine is passionate about promoting the skills that the Allied Health workforce have to offer in the Public Health Sector.</p>
10.10-10.20	<p><b>Julie Taylor: Orthoptic led postoperative clinic</b></p> <p><b>Abstract:</b> The current Surgical Ophthalmology Service clinic model at the Eye and Ear Hospital, Melbourne, is experiencing increased demand for post-operative cataract reviews. This demand has been generated from an increased level of surgical throughput required to support the hospital’s funding agreement with the Victorian Department of Health &amp; Human Services. A trial of Orthoptic-led Surgical Post-Operative (OSOP) Clinic was developed as an alternative sustainable model of care to support timely post-operative access for routine cataract patients. This presentation describes the OSOP trial implementation process (including training requirements) as well as the current state, impacts made, supporting data, and the potential future state.</p> <p><b>Bio:</b> Julie has worked for over 20 years as a clinical Orthoptist at the RVEEH, she has undertaken a number of roles during this time in different departments developing new models of care, implementation of a Digital Health Record amongst other Access Improvement projects. She is currently working as part of the senior leadership team in Diagnostic Eye Services at the RVEEH.</p>
10.20-10.30	<p><b>Amy Huynh: Working as an orthoptist at the Children’s Hospital at Westmead</b></p> <p><b>Abstract:</b> Working as an orthoptist in the hospital environment involves more than just working within eye clinic. There are frequent interactions with other allied health departments and low vision support services in order to diagnose and provide the best management care for our patients. An overview of the main services the eye clinic has been involved with will be explored through some selected patient cases. In addition, I will share my roles and experiences as being part of the new graduate orthoptist at CHW.</p> <p><b>Bio:</b> Amy graduated from a Master of Orthoptics at the University of Technology Sydney in 2016. She has been working as a new graduate orthoptist at The Children's Hospital at Westmead. Her roles include being a primary triage officer,</p>

	managing outreach clinics at Campbelltown and Mount Druitt Hospital and assisting in electrophysiology.
<b>10.30-11.00</b>	<b>Morning tea</b>
<b>Low Vision and Rehabilitation Session</b>	
11.00-11.20	National Disability Insurance Agency: The NDIS (Invited Speaker)
11.20-11.30	<p><b>Laura Hartley: Your role as an orthoptist and NDIS</b></p> <p><b>Abstract:</b> Our role as an Orthoptist has once again diversified since the introduction of NDIS. It has had a huge impact in the community and health sector. Many of us are still learning, not confident and quite unsure about NDIS. My presentation aims to explain, educate other Orthoptists and promote discussion regarding the NDIS.</p> <ul style="list-style-type: none"> <li>• What is NDIS? who is eligible, when and how to refer a patient for NDIS services</li> <li>• What is an NDIS plan? How does it come about? What to do with it.</li> <li>• Ability for participants to have choice (e.g. self-managed vs NDIA managed) and control.</li> <li>• The impact the NDIS has had on low vision services such as fee for service and the change this has had on services.</li> <li>• The impact NDIS has had on our role as Orthoptists. Our profession being recognized, skills acknowledged consequently given authority as Assistive Technology (AT) assessors.</li> </ul> <p><b>Bio:</b> Laura is a Senior Orthoptist who divides her working week between Ophthalmology and Low Vision. Laura has many years of experience in the field of low vision, both as an Orthoptist and a client herself. Laura has worked for various charities including Vision Australia, Guide Dogs and overseas with the Canadian National Institute for the Blind (CNIB)</p>
11.30-11.40	<p><b>Julie Fitzpatrick: Eyes on the horizon: pathways to private orthoptic practice</b></p> <p><b>Abstract:</b> We live in an aging population and two thirds of Australians with low vision are aged 65 years or over. Age Related Macular Degeneration, Cataract, Glaucoma and Diabetic Retinopathy (DR) can all cause vision loss to varying degrees, with DR on the increase.</p> <p>Orthoptists are perfectly placed to deliver high quality and ‘person-centred’ low vision care to these individuals in need, or people at any stage of their lives. Julie Fitzpatrick and Carmel Harris are two of an emerging group of Orthoptists, set up to provide fee-for-service based assessments. Additional funding opportunities through Veterans Affairs, NDIS, TAC and My Aged Care are making this an exciting time for both providers and clients.</p> <p>Julie has more than 30 years Orthoptic experience in both clinical and low vision work. She has been in private practice for Geelong, Colac Surf Coast and inner Melbourne. Prior to this Julie established a private low vision service in Melbourne. She has also worked with Deakin University teaching in the field of public health. Carmel has primarily worked in the field of low vision for more than 20 years. She commenced private practice in July 2018 servicing North-West Victoria, including NSW and South Australian regions.</p> <p>Julie will discuss common challenges based on her recent research, regarding the perception of low vision and uptake of services, then how these can be considered</p>

	<p>for better outcomes. With more independent practitioners in the arena, awareness of Orthoptic services will only increase.</p> <p><b>Bio:</b> Julie has more than 30 years Orthoptic experience in both clinical and low vision work. She has been in private practice for Geelong, Colac Surf Coast and inner Melbourne. Prior to this Julie established a private low vision service in Melbourne. She has also worked with Deakin University teaching in the field of public health. Carmel has primarily worked in the field of low vision for more than 20 years. She commenced private practice in July 2018 servicing North-West Victoria, including NSW and South Australian regions.</p>
11.40-11.50	<p><b>Natalia Kelly: A road less travelled – eccentric viewing</b></p> <p><b>Abstract:</b> Eccentric viewing is a useful technique used to optimise vision when foveal fixation is lost due to macular pathology. Eccentric Viewing (also known as Preferred Retinal Locus (PRL) training) occurs when the person looks slightly off centre or past the object of interest to view it within the paracentral visual field. Eccentric viewing naturally occurs as an adaptation mechanism in people with central vision loss. However, self-training may result in an inconsistent eccentric point. Therefore, training from an orthoptist will help the individual establish the biological processes that occur when eccentrically viewing. Eccentric viewing is one of the most underutilised low vision intervention strategies that orthoptists can undertake in their low vision practice. This presentation will outline the basic principles of eccentric viewing training and highlight case studies that demonstrate the scope of eccentric viewing training and the benefits of the training on functional vision and quality of life. The case studies will also bring attention to alternative outcome measures that were used to monitor progression throughout the program and objectively identify the success of the training.</p> <p><b>Bio:</b> Natalia has practiced low vision for the last 15 years. During this time, she held various senior positions and has provided clinical supervision, clinical-risk evaluation, mentoring and professional development to orthoptists in low vision. Natalia has newly established a private low vision practice based in Melbourne. She also teaches at La Trobe University - Discipline of Orthoptics.</p>
11.50-12.00	<p><b>Shanelle Sorbello: Current post-stroke vision care and meeting the need: a systematic review</b></p> <p><b>Abstract</b></p> <p><b>Purpose:</b> To determine the current vision care pathways for stroke survivors in Australia and internationally and identify reoccurring gaps and unmet care needs.</p> <p><b>Method:</b> A systematic review was conducted to identify literature related to post-stroke vision care pathways and perspectives of patients and health professionals. Search terms included MESH terms related to stroke rehabilitation, vision and eye disorders.</p> <p><b>Results:</b> A total of 1198 articles were retrieved and 10 were eligible for inclusion. Of these, two were Australian, five from the UK, one in Finland, one in Scotland and one from the USA. There was substantial inconsistency in post-stroke vision care pathways, who executes them and at what point in post-stroke care. Both health professionals and stroke survivors expressed that unmet care needs were primarily a lack of education regarding post-stroke eye problems. Other reoccurring gaps related to timing of vision assessment, provision of management and ongoing support, and the integration of orthoptists into this pathway.</p>



	<p><b>Conclusion:</b> Further research is needed into current Australian post-stroke vision care, to accurately assess whether the needs of stroke survivors are being met. Available evidence indicates a requirement for a well-defined protocol for vision screening, education, management and referral of stroke survivors that is inclusive of orthoptists.</p> <p><b>Bio:</b> Shanelle graduated from a Masters of Orthoptics in 2017 and was awarded the Lance Jolly Prize for the highest average mark in the cohort. She began a PhD in 2018 and is currently researching in the area of post-stroke vision care.</p>
12.00-12.10	<p><b>Neryla Jolly: Ocular neglect and brain injury</b></p> <p><b>Abstract:</b> aims to describe the assessment and management of BJ, a 56-year-old male who was an inpatient in a Brain Injury Rehabilitation Unit and who had sustained a brain injury. After 6 months he had recovered in all areas except for retained visual neglect. This case study reports on the unusual assessment methods used to detect the neglect and the team management of the neglect. METHOD assessment revealed BJ to be fully functional but un-cooperative by Allied Health Practitioners and Nursing Staff. He bumped into things on the left, was a messy eater and failed to undertake tasks on the left. He refused to undertake rehabilitation. Ocularly, BJ had distance acuity without glasses 6/36, near with glasses N5. Eye movements were full, and he had full peripheral vision. Testing methods were used that disclosed visual neglect. These included visual acuity and colour vision.</p> <p>As the duration of the condition was 6 months, and further natural recovery was considered unlikely, part time prism therapy was instituted and supervised by the Occupational Therapist with orthoptic follow up and assessment.</p> <p>RESULT BJ became a reformed individual!</p> <p>Clinical assessment and treatment methods will be discussed</p> <p><b>Bio:</b> orthoptist in the Brain Injury Unit Royal Rehab; member of Vision Rehabilitation in Stroke Research Team ; Vision and Driving Specialist at Epping Eye Surgery; Member OA Council; AHPA representative</p>
12.10-12.20	<p><b>Collette Kinsella: The role of the MDFA and the patient's perspective</b></p> <p><b>Abstract:</b> Macular Disease Foundation Australia has a long held and valued partnership with orthoptists. We have a common goal, to help patients, family members and carers achieve the best possible health outcomes, within the context of efficient business practices. The presentation will focus on how the Foundation can help enhance the visit to the ophthalmologist by providing patient services to support non-clinical needs. Attendees will learn about the breadth of services provided by the Foundation and how they can complement the clinical services delivered by ophthalmology.</p> <p><b>Bio:</b> Colette has broad experience within the pharmaceutical and optical sectors and has a keen understanding of the running of medical practices to deliver optimal patient support. Her background in nursing, coupled with her sales and marketing experience, allows her a unique perspective on both the business needs of a practice, and the non-clinical needs of patients and families. Colette has broad experience within the pharmaceutical and optical sectors and has a keen understanding of the running of medical practices to deliver optimal patient</p>

	<p>support. Her background in nursing, coupled with her sales and marketing experience, allows her a unique perspective on both the business needs of a practice, and the non-clinical needs of patients and families. Colette is a dynamic presenter and her passion for holistic patient care and enthusiasm will ensure an engaging session.</p>
12.20-12.30	<p><b>Greg Johnson FIPA</b>  <b>CEO Essilor Vision Foundation Australia/New Zealand</b>  <b>“No stone unturned in pursuit of good vision”</b></p> <p><b>Bio:</b> Greg Johnson is a qualified accountant with a distinguished history of dedication to the health sector. He served Federal Australian Medical Association Presidents Doctor Bruce Shepherd and Dr Brendan Nelson as Director Corporate Services during the organisation’s transition from its traditional Sydney base to Macquarie Street, Barton ACT.</p> <p>As long-serving CEO of Optometry Queensland/Northern Territory he worked tirelessly with his Board to gain therapeutic prescribing rights for optometrists, establish working relationships with governments and the media, create the nation’s second largest optometry conference and acquire heritage buildings as the Association’s headquarters.</p> <p>Today Greg is CEO of Essilor Vision Foundation Australia/New Zealand, an independent Australian charity created by Essilor, the world’s leading company in ophthalmic optics and a key player in visual health.</p> <p><b>Abstract:</b> Essilor Vision Foundation’s mission is “Better Life through Better Sight.” Its first Australian engagement was at <i>The Children’s Hospital at Westmead</i> on 11 May 2016 where it made a commitment to provide a free pair of aphakic glasses to all babies born with cataract.</p> <p>Since then it has enjoyed thousands of direct and indirect encounters across the nation as it brings free vision screening and prescription spectacles to many important groups including school children, refugees and migrants, indigenous citizens, people with mental illness, victims of domestic violence and the homeless.</p> <p>The Foundation encourages all ECP’s to “lend a day a year for good vision.”</p>
12.30-1.30	<b>Lunch</b>
<b>Strabismus Session</b>	
1.30-1.35	<p><b>Kirsty Somerville McAlester: Not what I was expecting...</b> (Rapid Fire)</p> <p><b>Abstract:</b> An interesting case presentation of a patient with intermittent vertical diplopia and a host of systemic issues creating a range of possible differential aetiologies and diagnoses.</p> <p><b>Bio:</b> Graduated from Sheffield University with a BMedSci. Hons in Orthoptics in 1999. Moved to Australia in 2000 and worked in various positions at Sydney Eye Hospital, Children's Hospital at Westmead and private practices before commencing as Student Educator at Sydney Eye Hospital in 2002 where she continues to share her passion for strabismus and education.</p>

1.35-1.45	<p><b>Linden Chen: Not so easy esotropia</b></p> <p><b>Abstract:</b> A case presentation highlighting a 28 year old female with strange strabismus patterns. She had a spinal astrocytoma surgically removed when she was 2 years old, followed by chemotherapy and radiation therapy to the brain. She has been suffering intermittent horizontal diplopia since she was 18 years old and now suffers constant diplopia since her pregnancy 2 years ago.</p> <p><b>Bio:</b> Linden is an Orthoptist working with Dr Ross Fitzsimons at Marsden Eye Specialists for the past 3.5 years. His areas of interest include adult and paediatric strabismus, neuro ophthalmology and general ophthalmology.</p>
1.45-1.55	<p><b>Susan Fraser: Superior Oblique Myokymia: case series and review</b></p> <p><b>Abstract:</b> Superior Oblique Myokymia (SOM) was first described by Duane in 1906 as “unilateral rotary nystagmus”. In 1970 Hoyt and Keane defined SOM as “an acquired abnormality in the innervation of the superior oblique muscle causing an episodic oscillation”. The superior oblique muscle intermittently and involuntarily has rapid small amplitude contractions, causing intorsion and depression of one eye. The patient may complain of oscillopsia, diplopia or blurry vision. It is monocular, with onset usually in adulthood. SOM is rare, and while treatments are discussed in the international literature, we report our Australian experience.</p> <p><b>Method:</b> We describe a retrospective review of all patients with superior oblique myokymia assessed and treated in our neuro-ophthalmology clinic between 2014 and 2018.</p> <p><b>Results:</b> SOM was identified in 11 patients. All were treated initially with Timolol 0.5% eyedrops. One patient improved, another patient improved temporarily and one patient improved spontaneously before using the drops. Eight patients (72%) had no improvement or were subjectively worse. Six patients (54.5%) went on to oral therapy but with only some improvement in symptoms.</p> <p><b>Conclusion:</b> Our success rates with topical beta blockers and oral medications were not as high as results reported in literature reviews.</p> <p><b>Bio:</b> Susan Fraser and Milia Ferris are orthoptists working with neuro-ophthalmologist, Associate Professor Clare Fraser in Sydney</p>
1.55-2.05	<p><b>Kirsty Somerville McAlester: Your guess is as good as any – an update from Squint Club 2018</b></p> <p><b>Abstract:</b> An update to a complex a neurophthalmic case that was presented at squint club 2018. The patient presented to Sydney Eye Hospital with a two year history of “oblique” diplopia and was subsequently booked for surgery. At pre-op consult, a significant change had occurred. This talk then takes us on a journey of interesting aetiologies and conditions and an update to their condition and management. Feedback from the audience is more than welcome.</p> <p><b>Bio:</b> Graduated from Sheffield University with a BMedSci. Hons in Orthoptics in 1999. Moved to Australia in 2000 and worked in various positions at Sydney Eye Hospital, Children's Hospital at Westmead and private practices before commencing as Student Educator at Sydney Eye Hospital in 2002 where she continues to share her passion for strabismus and education.</p>

2.05-2.10	<p><b>Sangeetha Prashanth: A Case Discussion: sudden onset of diplopia and nystagmus (Rapid fire)</b></p> <p><b>Abstract:</b> An interesting case presented to Sydney Eye Hospital Emergency department with sudden onset of blurred vision and diplopia will be presented. Clinical findings of interesting ocular motility and nystagmus will be discussed.</p> <p><b>Bio:</b> Sangeetha completed MSc in Orthoptics in University of Technology Sydney last year and is working in Sydney Eye Hospital for the past 8 months</p>
2.10-2.55	Strabismus Panel
2.55-3.05	Question Time
3.05-3.30	<b>Afternoon Tea</b>
<b>Cornea and Refractive Session</b>	
3.30-3.50	<p><b>Dr Jern-Yee Chen – Corneal Cross-Linking: A Game Changer in Keratoconus (Invited Speaker)</b></p> <p><b>Abstract:</b> Corneal cross-linking has been a gamechanger in the management of Keratoconus. Therefore the identification of keratoconic progression is imperative. This talk will highlight the important considerations in determining progression and the need for corneal cross-linking.</p> <p><b>Bio:</b> Dr Jern Yee Chen is an ophthalmologist who specializes in cornea, cataract and anterior segment surgery. She grew up in Adelaide and obtained her medical degree from the University of Adelaide. She undertook specialist Ophthalmology training in New Zealand before travelling overseas for advanced surgical training at St Paul's Eye Unit in the UK, the Storm Eye Institute in the USA and the Singapore National Eye Centre in Singapore. She is a Fellow of the Royal Australian and New Zealand College of Ophthalmologists. She currently consults in Adelaide at Eyemedics and Flinders Eye Clinic.</p>
3.50-4.00	ALCON (Sponsored Talk): "IOLs, in particular MN60MA, for extremely long axial length"
4.00-4.20	<p><b>Professor Michael Goggin: post refractive surgery IOL calculation (Invited Speaker)</b></p> <p><b>Abstract:</b> Title: IOL Calculations in Post-Excimer Laser Refractive Surgery Patients The appropriate pre-operative measurements to use in eyes that have previously undergone excimer laser refractive ablations for planning of intraocular lenses in both clear lens extraction and cataract surgery will be discussed. This will include:</p> <ul style="list-style-type: none"> <li>- Both sphere and toric power calculation.</li> <li>- The measurements not to use.</li> <li>- How to establish the pre-excimer refractive error and the appropriate use of that information.</li> <li>- The appropriate IOL formulae and calculators to use in these cases; and</li> <li>- A summary of the evidence behind these techniques and some advice on best practice.</li> </ul> <p><b>Bio:</b> Michael Goggin is an associate professor in ophthalmology at the University of Adelaide and a consultant ophthalmologist at The Queen Elizabeth Hospital (TQEH) in Adelaide where he also has a private practice. He has a special interest in cataract and refractive surgery. He has a long-term research interest in clinical</p>

	<p>optics and particular in the surgical management of astigmatism. He trained in Dublin and came to Australia in the early 90s. He has been researching and publishing since before his arrival in Australia with over 70 peer reviewed publications. He holds a Master of Surgery from the University of Adelaide based on his research in refractive surgery. Fields he has published in include planning and analysis of outcome of toric IOL's, more accurate assessment of corneal power, laser based irregular astigmatism treatment and surgical presbyopia management.</p> <p>The bulk of his more recent research efforts have been focused on improved planning and augmented outcome from toric intraocular lens implantation. A specific innovation he has introduced is a method of adjusting for the likely effect of posterior corneal astigmatism on total corneal astigmatism while measurement of posterior corneal astigmatism remains inexact. He published the first peer reviewed paper on outcome of such techniques.</p> <p>He teaches the techniques of refractive cataract surgery to registrars and fellows and is the supervisor of training for RANZCO at TQEH. He has participated in teaching and training projects in Myanmar and Cambodia and continues to publish and present his research internationally. He has served on a number of RANZCO committees in curriculum development and, more recently, therapeutics and has contributed to College guideline development.</p>
4.10-4.20	<p><b>Antoinette De Zoysa: Intraoperative Floppy Iris Syndrome in association with Duodart medication</b></p> <p><b>Abstract:</b> Intraoperative Floppy Iris Syndrome (IFIS) is a complication that may result from cataract extraction. IFIS consists of a triad of characteristics including a flaccid iris stroma leading to fluttering and billowing of the iris, tendency of iris prolapse through the surgical incisions and progressive intraoperative pupil constriction. Interestingly, a strong association has been found between the incidence of IFIS and individuals on hyperplasia medication such as Duodart or Flomax. This medication is an alpha-blocker that aims to relax the bladder and the prostatic muscle which in turn may relax the iris dilator muscle and can lead to the phenomenon of the 'floppy iris'. We report a case of an 82 year old male patient who was on a regular dose of Duodart for his prostatic hyperplasia management and who had cataract extraction complications of his amblyopic eye. He was diagnosed with a floppy iris as well as a subluxed lens, posterior vitreous haemorrhage and an initially unnoticed capsulorhexis tear and required a resultant vitrectomy. This case highlights the importance of noting the patient's concurrent medications and the risks these medications can impact on surgical outcomes.</p> <p><b>Bio:</b> Antoinette is currently working as an orthoptist in clinical practice. Since graduating she has sought diverse opportunities and has worked in both the private and public clinical sector as well as the research setting. Antoinette has a particular interest in general ophthalmology and clinical research within this area.</p>
4.20-4.40	IOL Calculations Panel
Conference Dinner	

## Wednesday 21<sup>st</sup> November, 2018.

### Glaucoma and Uveitis Session

9.00-9.10	Johnson & Johnson (Sponsored Talk): Amalgamation of AMO and J&J
9.10-9.30	<p><b>Dr Jamie Craig: the role of glaucoma tubes in uveitis patients (Invited Speaker)</b> <b>Abstract:</b> TBA</p> <p><b>BIO:</b> Professor Jamie Craig is a Consultant Ophthalmologist specializing in the care of glaucoma patients. He is a clinician-scientist with a strong track record in clinical and genetic research. As a NHMRC Practitioner-Fellow, he seeks to translate his laboratory-based research into clinical practice. Specific research interests include the genetic susceptibility to all forms of glaucoma, congenital cataract, and diabetic retinopathy. He has skills in clinical diagnosis and disease management, as well as having made important discoveries on the genetic etiology of glaucoma and other ocular conditions. He is experienced in patient recruitment, and has pioneered strategies to develop a National Registry of cases with extremely severe vision loss from glaucoma: The Australian and New Zealand Register of Advanced Glaucoma (ANZRAG). This work has led to genome-wide association studies for identification of genes associated with glaucoma susceptibility. A similar approach is now underway for blindness due to diabetic retinopathy: Registry of Advanced Diabetic Retinopathy in Australia (RADAR). Having completed a D.Phil. in the analysis of complex traits by genome wide linkage approaches, he maintains a detailed understanding of strategies to enhance power by careful case selection, and the utilization of clinical information to refine analyses. Being responsible for direct patient care, he attaches a high priority to applying research outcomes to better models of patient care.</p>
9.30-9.45	<p><b>Dr Tim Greenwell – Paediatric uveitis – the role of the orthoptist (Invited Speaker)</b></p> <p><b>Abstract:</b> Although uveitis is uncommon in children, uveitis patients are complex in ways that set them apart from other patients typically encountered in a paediatric ophthalmology clinic. A new case of uveitis presents a diagnostic challenge, often requiring frequent appointments, specialised investigations, and paediatrician review. Systemic disease is common, and many patients are on long-term immunosuppression to prevent severe vision loss. This presentation will review how uveitis presents, the typical healthcare experience of a child with uveitis, and highlight specific ways that orthoptists can work within the healthcare team to achieve the best outcomes for these patients.</p> <p><b>Bio:</b> Dr Tim Greenwell is an ophthalmologist and uveitis specialist from South Australia. Upon completing his ophthalmology training, Dr Greenwell undertook a 15-month subspecialty fellowship in medical ophthalmology &amp; uveitis in Oxford, UK. Dr Greenwell works at several sites across Adelaide, including at the Women's &amp; Children's Hospital where he helped establish the paediatric uveitis multidisciplinary service.</p>
9.45-10.00	<p><b>Dr Jane Wells – adult uveitis and the role of the orthoptist in the pre assessment (Invited Speaker)</b></p> <p><b>Abstract:</b> Dr Wells will discuss key aspects in the variable presentation, work-up and assessment of uveitis and present case vignettes with common and not-so-common features of various types of uveitis. This session should be viewed as interactive and questions and comments from the audience are welcomed.</p>

	<p><b>Bio:</b> Dr Wells is a uveitis and medical retina specialist at The Canberra Hospital and also has a fractional appointment at Flinders Medical Centre in Adelaide performing cataract surgery and teaching. Dr Wells was an optometrist before undertaking her Medical degree at Flinders University in Adelaide. She trained in ophthalmology through the South Australian training network of the Royal Australian and New Zealand College of Ophthalmologists and has undertaken Fellowships in uveitis and medical retina at Flinders Medical Centre and at Manchester Royal Eye Hospital in the UK. Dr Wells has a passion for teaching and has been involved in teaching medical, nursing, orthoptic and optometry students and professionals in Australia and the UK for the past 20 years.</p>
10.00-10.10	Question Time
10.10-10.40	<b>Morning tea</b>
<b>Advancing Imaging Session</b>	
10.40-10.50	Zeiss (Sponsored Talk): Rachel Duthy: Total Keratometry (TK) software on the IOL Master 700
10.50-11.00	<p><b>Matt Ayres: Anterior segment vascular imaging with an OCT</b></p> <p><b>Abstract:</b> Within the Royal Victorian Eye and Ear Hospital Medical Photography Department we are fortunate to have a large range of Imaging modalities and many patients with interesting diagnoses to image. Currently, we are developing an exciting new method of visualising the vasculature of the anterior segment using a non-invasive Optical Coherence Tomography Angiography system. This has promising potential, and will hopefully provide better non-invasive methods for diagnosing and monitoring anterior segment eye disease for our patients. We will present examples of this technology in use and explore prospective areas for further investigation.</p> <p><b>Bio:</b> Matthew and Richard are both Grade 2 Medical Photographers at the RVEEH. They have both been involved in cutting edge ophthalmic imaging over the years, including retinal and slit lamp photos which have been included in many journal articles authored by RVEEH Ophthalmologists and videography of experimental ophthalmic surgeries.</p>
11.00-11.10	<p><b>Angela Chung: OCTA in the clinical setting</b></p> <p><b>Abstract</b> This presentation looks at the detection of Choroidal Neovascularisation (CNV) in neovascular AMD using Optical Coherence Tomography Angiography (OCTA). Detection rates are compared between 2 OCTA Capture Systems, (Heidelberg Spectralis Angiography Module and the Zeiss CIRRUS Angioplex) using both automatic segmentation analysis and manual adjustments.</p> <p><b>Bio:</b> Angela Chung has been part of the Marsden Eye Specialists family for the majority of her professional career. In recent years she has been immersed in the world of Clinical Trials for treatment of Retinal diseases and she is looking forward to sharing her experiences gained throughout her journey.</p>
11.10-11.20	Question Time
<b>Conference awards and close</b>	
11.20-11.40	Conference awards
11.40-11.50	Conference close