

**E
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EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

In Cooperation With:



**NEW MEXICO ACADEMY
OF OPHTHALMOLOGY**

EYEXchange **New Mexico**

SEPTEMBER 28, 2024

Sandia Resort & Casino
30 Rainbow Road, Albuquerque, NM 87113

REGISTRATION CLOSES SEPTEMBER 18, 2024

Continuing Education for Allied Ophthalmic Personnel



7:30–8:00 a.m.

REGISTRATION: SANDIA BALLROOM C

8:00–8:30 a.m.

WORKUP PEARLS FOR TRAINEES AND TRAINERS

Crystal Martinez, COMT, OSA, OCS, OSC (0.5 IJCAHPO CE Credit)

This course will provide tips and recommendations for technicians to improve workups, both for accuracy and efficiency. It will also offer tips to trainers on how to assist new hires in learning these skills.

8:30–9:00 a.m.

WHEN MEDICAL PROCEDURES ARE SUCCESSFUL, BUT PATIENTS STILL STRUGGLE: HOW HADLEY HELPS!

Kirby Lindgren (0.5 IJCAHPO CE Credit)

Diseases like macular degeneration, glaucoma, or diabetic retinopathy are treatable, but most patients face vision changes that are permanent and make everyday life challenging. Learn what struggles remain for your patients, what the AAO Standard of Care is, and how Hadley's whole person approach to rehab can transform their health and happiness.

9:00–10:00 a.m.

WHAT IS THE ASSOCIATION BETWEEN REFRACTIVE ERRORS AND RETINAL DISEASES?

Michael Stewart, MD (1 IJCAHPO CE Credit, CEP: CA BRN-1)

High-magnitude refractive errors usually correlate with the eye's axial length, and both abnormally long (myopia) and short (hyperopia) axial lengths predispose to the development of pathologic retinal conditions. High myopia is associated with myopic maculopathy (maculoschisis, RPE atrophy, and choroidal neovascularization), tilted disc, and retinal tears and detachments. High hyperopia is associated with choroidal folds and uveal effusions. This course will discuss many of these conditions from a clinical perspective.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

VITREOMACULAR INTERFACE PROBLEMS: MACULAR PUCKER AND BEYOND

Michael Stewart, MD (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course discusses the vitreomacular interface and its propensity for disease. Conditions such as macular hole, macular pucker and vitreomacular traction will be discussed in detail as well as other conditions, such as diabetic retinopathy, for which the interface may play a role. Numerous case presentations will be included.

11:15 a.m.–12:15 p.m.

FLUORESCEIN ANGIOGRAPHY

Craig Simms, BSc, COMT, ROUB, CDOS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course will discuss the basics of fluorescein angiography starting with luminescence and fluorescence and how it can be used in the eye. The process of the fluorescein angiogram will be covered including the dosage, injection, and possible adverse reactions from the injection. The fluorescein angiogram sequencing and steps for completing the photography side of the procedure. The course will finish with the phases of the angiogram and descriptive terminology used to describe fluorescein angiography photographs.

12:15–12:45 p.m.

LUNCH

12:45–1:45 p.m.

ADVANCED DIAGNOSTICS TO IMPROVE TORIC PLACEMENT

Sonya Dakin, COT (1 IJCAHPO CE Credit, CEP: CA BRN-1)

The science of calculating and correcting corneal astigmatism continues to advance and improve. Despite these advancements, we still have post-op surprises that can't be predicted or explained. We will discuss these advancements and how we can best serve our patients to ensure their surgery is a success.

1:45–2:45 p.m.

COLOR VISION TESTING

Craig Simms, BSc, COMT, CDOS, ROUB (1 IJCAHPO CE Credit, CEP: CA BRN-1)

This course will cover color vision and color vision defects along with the different ways to test color vision. A review of pseudoisochromatic plates, the D-15 and the 100 Hue will be covered. A case study of a family with color vision defects will be presented. The different testing methods will be shown in an attempt to determine the type of color vision defect present.

2:45–3:45 p.m.

EYE EXAM IN SPANISH: EVALUATION OF THE NON-BILINGUAL PATIENT

Crystal Martinez, COMT, OSA, OCS, OSC (1 IJCAHPO CE Credit)

This course will provide an overview of the evaluation/technical work-up portion of the exam of a Spanish speaking patient. Attendees will learn how to welcome patients, take their history and provide patient instructions for a basic exam in Spanish.

3:45 p.m.

ADJOURN

ALL TIMES ARE MOUNTAIN TIME.

Registration Form

Registration form may be duplicated. Please use one form per registrant.

EYEXchange New Mexico
September 28, 2024
7 IJCAHPO CE Credits

Registration and Cancellation Deadline: September 18, 2024, 12:00 p.m. Central Time

HANDOUTS

A link to course handouts will be emailed to registrants the Monday prior to the meeting date, as they are not provided on-site. Handouts are available for two weeks.

CANCELLATIONS/REFUNDS

All cancellations and requests for refunds must be received by IJCAHPO in writing. A processing fee of \$75 is deducted from each cancelled registration to cover a portion of the costs IJCAHPO incurs. In the unlikely event that a course is unexpectedly cancelled on-site, IJCAHPO may provide attendees with a replacement online course that may include a quiz.

RESERVATIONS

Make plans to attend the program. Reserve a room online or via phone. <https://www.sandiacasino.com/> or (505) 796-7500.

SPECIAL ACCOMMODATIONS

IJCAHPO provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for special accommodations. Specific special accommodations should be related to functional limitations. Please include additional supporting documentation from the medical professional who diagnosed the condition. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for the requested accommodation. We cannot ensure the availability of appropriate accommodations without prior indication of need.

DIETARY RESTRICTIONS

If you have any dietary restrictions, please let us know so that we may seek an accommodation in our menu.

REGISTER ONLINE at <http://store.jcahpo.org/calendarschedule.aspx> (preferred)
MAIL form and payment to IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125
FAX completed form to 651-731-0410 (credit card orders only)

I wish to register for:

All check payments must be in U.S. funds and drawn on a U.S. bank.

IJCAHPO CERTIFIED (INDIVIDUAL) \$140

OTHER REGISTRANTS (INDIVIDUAL) \$175

Please add a contribution to the
IJCAHPO Education and Research Foundation..... \$ _____

TOTAL \$ _____

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. IJCAHPO Continuing education credits earned will be posted on your account at www.jcahpo.org approximately 4–6 weeks after the program for participants who complete evaluation forms.

NOTE: Attendance is monitored for each hour of instruction. Participants absent for more than 15 minutes of any given hour will not receive credit for that hour.

Along with CE credits awarded by IJCAHPO, each course lists contact hours awarded by the California Board of Registered Nursing (CA BRN), if applicable. Provider approved by the California Board of Registered Nursing, Provider Number 13516, for 5 contact hours.

For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail registrations@jcahpo.org, or visit www.jcahpo.org.

Please **PRINT** clearly using blue or black ink.

Name _____ Professional Credentials _____

IJCAHPO ID# _____ Date of Birth (mm/dd/yy) _____

Home Address

City _____ State (Province) _____ Zip (Postal Code) _____ Country _____

Home Telephone _____ E-mail (required for handouts/evaluations) _____

Practice/Business

Address _____

City _____ State (Province) _____ Zip (Postal Code) _____ Country _____

Work Telephone _____ Fax _____

What race or ethnicity do you identify most with?

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multiracial or Multiethnic |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Prefer Not to Answer |

PAYMENT INFORMATION

Check enclosed (payable to **IJCAHPO**; U.S. Funds) VISA MasterCard Discover American Express

The following information is required to process credit card orders:
A \$50 fee will be assessed for declined checks and declined credit cards.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Telephone Number _____

_____-_____-_____
Credit Card Number

Cardholder's Address

Name as it appears on credit card (please print)

_____/_____
Security Code Expiration Date Cardholder's Zip Code
(3 or 4 digits on front or back of credit card)

Cardholder's Signature