

**Patrick Rapuano, MD**  
**Testimony in Opposition**  
**LD 1803**  
**An Act to Amend the Laws Governing Optometric Practice**  
**May 13, 2025**

Senator Bailey, Representative Mathieson, and members of the Health Coverage Insurance, and Financial Services Committee:

I am Dr. Patrick Rapuano, an ophthalmologist living in Hallowell and practicing in Fairfield. As a physician advocate for patients in the interest of public safety, I strongly urge you to oppose LD 1803.

Optometrists play a very important role on the eye care team, but they are not medical doctors. Optometry is a relatively young discipline, originating in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries from refracting opticians, professionals who expanded their expertise in manufacturing and fitting glasses to also perform the testing to determine what prescription each person needed in their glasses. The “Doctor of Optometry (O.D.)” degree was first bestowed at all accredited optometry schools in 1970 upon completion of a 4-year program. True to the origins of the profession, optometric education remains focused on performing eye examinations including prescribing glasses and contact lenses and as such they provide 75% of all routine eye examinations in the United States. Since the 1970s, increases in college level biomedical science education resulted in increased training in ocular disease and pharmacology in optometry schools. It was only in 2021 that optometrists in all 50 states were authorized to prescribe medication to treat glaucoma, a chronic eye condition that is the third leading cause of blindness in the world.

Despite what is being claimed by some optometrists in Maine, there is **NO** state in this country where optometrists have the scope of practice LD 1803 would authorize and there is **NO** optometry school in the nation that teaches this list of procedures to its graduates. Optometrists are not trained to be surgeons while in school, spending less than 1% of their training time on the various aspects of surgery. The first authorization to allow optometrists to remove superficial foreign bodies from the cornea (the clear front surface of the eye) was in 1985 in Iowa. In 37 states, including Maine, their surgical scope of practice is limited to non-invasive therapies, like superficial removal of foreign bodies and placement of temporary or permanent plugs in the tear drainage system to treat dry eyes. Twelve states allow optometrists to remove some lesions from eyelids and 9 states allow optometrists to perform some laser surgeries. None of these states are in New England. Virginia is the closest state that permits laser surgery and Kentucky is the closest state permitting lid surgery. Oklahoma was the first state to allow optometrists to use lasers in 1998 and became the first state to add eyelid surgeries in 2004. Despite what is claimed by optometrists, aside from a period of 5 months in 2004, optometrists are not authorized to perform laser surgery at Veterans Affairs Medical Centers, even in the states where such procedures are legal.

Only 3 of the 24 schools of optometry in the US are located in states that permit either some laser eye surgery or some eyelid procedures or both. 95% of optometry students attend school where laser surgery is not permitted. 88% of optometry students attend schools where scalpel-based surgery of any kind is not permitted. It is not possible for nearly all optometry students to gain any scalpel or laser surgery experience of any kind on live patients. Many of the optometrists who practice in Maine trained at the two optometry schools in Massachusetts, where optometrists are not permitted to perform invasive surgery. Optometry class sizes are large with an average of 87 students (The New England College of Optometry graduates over 100 students per year according to the Association of Schools and Colleges of Optometry). With relatively low surgical demand, even for those few optometry students in states that permit some scalpel and laser surgeries it is currently impossible for every student to obtain the depth and breadth of training on live patients that would permit competency prior to graduation. Because optometry, as a non-surgical profession, does not have any national standards for any surgical procedures, invasive or not, there are no minimum required number of procedures of any type to ensure mastery or proficiency for optometry students. In fact, graduates may perform one laser surgery and one eyelid scalpel surgery and be deemed to be trained by their school. Is this the level of expertise you want for yourself, your family, your colleagues, or your constituents?

If surgical training isn't a priority of optometry school, how can optometrists claim to be qualified to perform surgeries they have never seen, participated in, or performed? As absurd as it seems, there are optometrists who will claim that they received all the surgical training they needed over a 3-4-day conference after graduating from optometry school. At these conferences there will be lectures and time spent using a scalpel or practicing suturing, but the training does not include even a single live patient. Lasers are demonstrated on practice eyes with anywhere from 8-25 optometrists observing one instructor. There is no guarantee of one-on-one training, and they never practice on human tissue or do even one procedure on a live human.

A weekend course covering 4-5 different surgical procedures and simulating surgery on a medical dummy is not a substitute for 8 years of hands-on experience in an operating room with a live patient and under the one-on-one tutelage of experienced surgeons as is required of a certified eye surgeon. If a person who began training to become an ophthalmologist left their training program after the number of hours an optometrist receives at achieve their degree, that partially trained ophthalmologist would not be qualified to practice medicine in any state in the country, much less perform any kind of invasive surgical procedure. This hypothetical physician would not even be qualified to write a prescription for a pair of glasses. The length, depth and intensity of their training would be deemed insufficient to practice medicine. If this is what is required for the training of any eye physician, how can we be even discussing allowing an optometrist, a non-physician, to perform invasive surgery?

Most optometrists understand as well that a weekend course does not make one into a proficient surgeon. Over 90% of the optometrists who attend this type of course never perform a surgical procedure subsequently. It is the remaining minority of optometrists who fail to recognize the inadequacy of their training and proceed with performing surgery who frighten me and the other medical professionals from whom you will be hearing today.

Surgery involves more than performing a technical procedure. Knowledge gained through years of education and training is required to not only perform the physical surgery well, but just as important, to decide which patient requires surgery and which does not. Surgery also encompasses patient education and the skills to identify and manage complications when they arise. What is just as important as learning how to perform the surgery is learning when to perform one surgery versus another and when a small eyelid bump may be something more severe, like cancer. Ophthalmologists do have the necessary training to recognize this and know when not to cut, and when a cut could make the prognosis far worse, such as in the case of a cancerous lesion.

Ophthalmologists are medical doctors (M.D. or D.O.) who specialize in the medical and surgical care of the eye and visual system. Ophthalmologists have completed 4 years of college-level premedical education, 4 years of medical school, and 4 years of residency training dedicated to all facets of treatment of the eye. Most ophthalmologists also complete 1-2 additional years of fellowship training to hone advanced management and surgical skills in a specific area of the eye such as cornea, retina, or oculoplastics.

The medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. It includes required courses on anatomy and physiology, biochemistry, genetics, microbiology, pathology, and pharmacology along with laboratory science during the first 2 years. The final two years are devoted to clinical science that encompasses every organ system and includes caring for live patients in family and internal medicine, obstetrics, gynecology, pediatrics, psychiatry, and general and subspecialty surgery (like ophthalmology). Time is spent in hospitals with critically ill patients that they are charged with keeping alive. Medical and surgical treatments are discussed, including the risks, benefits, and counseling on alternative options. Medical school prepares students to become physicians who can prevent and treat disease. It imparts the knowledge and skills to practice medicine, how to talk to and educate patients, and to become ethical, and competent healthcare professionals. Students develop critical thinking abilities to solve problems and communicate effectively.

Training to become an eye surgeon continues with a 1-year internship (3 months clinical training in ophthalmology and 9 months in another medical specialty) followed by 3 years of exclusive ophthalmology residency. Additional ophthalmology instruction and laboratory time is focused on mastering an understanding of ocular disease and its management, both medical and surgical in a small group setting. The average size of each ophthalmology class is 4 students, allowing students and mentors to spend these years in one-on-one training with careful oversight and instruction. There is a high level of supervision during surgical cases, steps are slowly added as skills are gained and only until an adequate level of competency is gained can one complete a case as the primary surgeon. The surgeon gains increasing proficiency in treating live people who have conditions that limit their mobility and ability to keep their head in an ideal position for surgery. Real people unlike model eyes, blink, move, talk, cough, sneeze and sometimes vomit, faint or have a seizure, stroke or heart attack while undergoing a surgical procedure. The Accreditation Council for Graduate Medical Education (ACGME) mandates 3,000 outpatient visits with live patients as well as minimum operative numbers as both the primary surgeon and as an assistant surgeon across the entire spectrum of ophthalmic disease and ocular surgery prior to graduation from residency. This path of education is highly structured to be uniform across

the nation and has publicly accountable national standards at each step to ensure that surgeons are adept at handling not only the planned surgical procedure and its common complications, but also will be able to calmly address the uncommon and potentially life threatening events that happen to human beings.

Although an ophthalmologist spends twice the time in the number of years an optometry student does in school, the ophthalmologist spends 3 times as many hours in lecture and has 7 times as many hours of clinical experience in the medical and surgical care of live patients. Ophthalmologists receive 144 weeks of surgical training throughout their training as opposed to the 1 week of training in optometry school.

Given their fraction of physician training, optometrists training objectively places them within our current system of medical care, not at the top of the system, but as primary eyecare providers, competent to provide routine examinations, prescribe glasses and manage common and minor medical eye conditions. Where the optometrist's training reaches its limit, the physician's role and responsibility is to assume care. The physician-led team is a safety net for patient protection and removing the guardrails by permitting optometrists, who have not been adequately trained, to perform invasive surgery places the people of Maine at risk.

LD 1803 leaves me with many, many questions. Will optometrists be required to disclose their credentials and the specifics of their training to patients presenting for a surgical evaluation? Will any age restrictions be placed on the procedures the optometrists may perform? For instance, chalazia, inflammatory lesions in the eyelids, are not uncommon in young children. When this requires surgery, ophthalmologists perform this procedure on children under general anesthesia, which is forbidden in this legislation. Will the untrained optometrist attempt to perform this surgery in their office on children using local anesthesia, risking blinding a child? What safeguards will be put in place to prevent the performance of inappropriate in-office surgery on minors by optometrists? Can the optometrists requesting these procedures provide a log of how many cases of each kind of requested procedure they have performed as the primary surgeon and as an assistant surgeon? Will there be a mandated period in which they are required to gain this experience under the tutelage of a qualified surgeon and who will be responsible for assessing when competency has been achieved? Can they demonstrate that they have long-term follow-up on the outcomes of their surgical cases to develop expertise in the recognition and treatment of complications? What safeguards have they put into place so that the patients on whom they propose to perform surgery can reach them after their clinic has closed? Will they be taking call to be available to their post-surgical patients? If not, who will be assuming responsibility for care once the optometry clinic is closed for the day? Will it be mandatory for optometrists engaging in surgery to maintain at least a Basic Life Support certification and an AED in their clinics? Is the Board of Optometry the appropriate body to oversee surgery given that not one of its members has surgical training? Furthermore, should the Board of Optometry be given the sole authority to adjust the surgical scope of practice of optometry in the future, bypassing the legislature and other regulatory bodies? LD 1803 does not require any type of reporting of complications, an oversight that does not protect the people of Maine from inadequately trained and supervised practitioners. What mandatory reporting standards should be required? What continuing education or minimum numbers of surgical procedures should be required on an ongoing basis to maintain competency? Should not the requested transition of

the previously non-surgical profession of optometry to a profession that performs invasive surgery result in a Sunrise Review in accordance with Title 5, section 12015, subsection 3?

Scope of practice should be based on standardized, adequate training and demonstrated competence in patient care. Any expansion of optometric scope of practice into the surgical arena not based on these principles is truly shortsighted and compromises quality and safe patient care. There is no shortcut bypassing well-proven pathways of education and training that include medical school, residency, and years of caring for patients under the expert guidance of teaching faculty. As bright and motivated as optometrists are, there is no realistic way to become a competent surgeon by attending a weekend course. In the interests of patient safety and quality of care, were optometrists to be granted surgical privileges, then there **MUST** be an equally strong legislative requirement for equivalence in all aspects of schooling, training, and continued competency evaluation. Otherwise, there will be two non-equivalent pathways that lead to the same clinical privileges and a two-tier system for patients. In one tier, the public will have medical doctors who have benefited from highly structured education and training with publicly accountable national standards. In the other tier, the patients who turn to optometrists will be treated by providers whose skills come from a system with fewer educational requirements, less training and regulation, fewer and less stringent national standards, no independent and evidence-based system for determining competence and no mandated oversight by an adequately trained teaching practitioner. It is in the public's best interest to have professional authority matched by professional capability, as evidenced by equivalent training, supervised experience, evaluation and testing as performed by validated instruments. The focus should be on protecting the public. Patients are entitled to medical professionals who possess appropriate training, including extensive, directly supervised patient-care experience, and who have formally demonstrated competence with validated outcomes of care. Our current system of eye care isn't perfect, but it is not broken. This law, if enacted, will affect the most vulnerable citizens, placing them at risk of inappropriate care, disfigurement, and blindness by allowing non-surgeons to perform invasive procedures for which they have not received adequate training.

In 2021, a survey performed by the American Medical Association regarding the public's opinion of expanding scope of practice in a number of medical arenas found that across the board and in Maine in particular, there was strong resistance to permitting optometrists to perform surgery (85% in Maine disapproving versus 79% national average). Your constituents understand that training does matter, and they expect you to make a decision that protects their sight, their health, and their well-being. Surgery should be left in the hands of surgeons who have the proper training to determine when someone needs surgery, how to perform the surgery safely and effectively, and what to do in the event of a complication. In the interest of safety for the people of Maine, I urge you most strenuously to oppose LD 1803.

Attachments:

1. MD versus OD education
2. MD versus OD surgical education
3. Curriculum New England College of Optometry 2023-24
4. OD schools mapped to OD surgical authorization
5. OD student ability to perform live surgery
6. Post-graduate weekend OD ophthalmic procedures course 2025 (2 pgs)
7. National Board of Examiners in Optometry model eyes and skin for surgical simulation (3 pgs)

# Optometrist

# Ophthalmologist

Fellowship (optional)  
1-2 Years

Residency  
3 Years

Internship  
1 Year

Optometry School  
4 Years

Medical School  
4 Years

# Ophthalmology: 144 Weeks of Surgical Training

# Optometry: Less than 1 Week of Surgical Training

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22		24
25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56
57	58	59	60	61	62	63	64
65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80
81	82		84	85	86	87	88
89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104
105	106	107	108	109	110	111	112
113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128
129	130	131	132	133	134	135	136
137	138	139	140	141	142	143	144

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2023-2024 Four Year OD Curriculum

**Four-Year OD Program: Year 1**

**Fall Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD10300	Cell Biology, Histology, and Ocular Anatomy	52	4	0	0	3.50	letter
BSD10320	Anatomy and Physiology I	50	16	0	0	3.75	letter
PC12021	Principles and Practice of Optometry I	42	22	0	0	3.50	letter
PC12041	Clinical Reasoning Ia	10	0	0	0	0.75	letter in Spring
PC12125	Patient Care Ia	0	0	20	0	0.75	pass/fail
VS11001	Optics I	54	12	0	0	4.00	letter
VS11221	Visual, Sensation and Perception	51	6	0	0	3.50	letter
<b>Totals</b>		<b>259</b>	<b>60</b>	<b>20</b>	<b>0</b>	<b>19.75</b>	

**Spring Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD10009	Neuroanatomy	40	0	0	0	2.75	letter
BSD10321	Anatomy and Physiology II	35	6	0	0	2.50	letter
BSD10721	Ocular Disease Principles I	30	2.5	0	0	2.00	letter
PC12022	Principles and Practice of Optometry II	52	32	0	0	4.50	letter
PC12042	Clinical Reasoning Ib	0	0	0	18	1.25	letter
PC12126	Patient Care Ib	0	0	20	0	0.75	pass/fail
VS11002	Optics II	51	32	0	0	4.50	letter
VS11210	Color Vision	20	2	0	0	1.25	letter
<b>Totals</b>		<b>228</b>	<b>74.5</b>	<b>20</b>	<b>18</b>	<b>19.50</b>	

**Four-Year OD Program: Year 2**

**Summer Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD10340	Biochemistry	15	0	0	0	1.00	letter
PC22402	Introduction to Public Health	10	0	0	0	0.75	letter
PC22023	Principles and Practice of Optometry III	14	14	14	0	1.75	letter
VS21003	Optics III	40	10	0	0	3.00	letter
<b>Totals</b>		<b>79</b>	<b>24</b>	<b>14</b>	<b>0</b>	<b>6.50</b>	

**Fall Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD20401	Immunology	30	0	0	0	2.00	letter
BSD20722	Ocular Disease Principles II	74	35	0	0	6.00	letter
BSD-20813	Pharmacology I	30	0	0	0	2.00	letter
PC22125	Patient Care IIa	0	0	50	0	1.75	pass/fail
SAC23002	Contact Lenses I	24	18	0	0	2.25	letter
VS21203	Binocular Vision and Ocular Motility	65	8	0	0	4.50	letter
<b>Totals</b>		<b>223</b>	<b>61</b>	<b>50</b>	<b>0</b>	<b>18.50</b>	

**Spring Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD20723	Ocular Disease Principles III	34	12.5	0	0	2.75	letter
BSD-20814	Pharmacology II	30	0	0	10	2.00	letter
BSD30901	Clinical Medicine	0	0	0	60	4.00	letter
PC22126	Patient Care IIb	0	0	60	0	2.00	pass/fail
SAC23003	Contact Lenses II	24	21	0	0	2.50	letter
SAC33405	Binocular and Accommodative Anomalies	51	14	0	2	3.75	letter
VS21207	Neural Basis of Vision	49	0	0	0	3.25	letter
<b>Totals</b>		<b>188</b>	<b>47.5</b>	<b>60</b>	<b>72</b>	<b>20.25</b>	

2023-2024 Four Year OD Curriculum

**Four-Year OD Program: Year 3**

**Summer Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
PC22041	Clinical Reasoning II	0	0	0	10	0.75	pass/fail
PC32125	Patient Care IIIa	0	0	120	0	4.00	pass/fail
PC32505	Clinical Ocular Imaging Topics	20	0	0	0	1.25	letter
SAC33403	Development of Vision	24.5	0	0	0	1.75	Letter
Electives	2.00 credits by end of year						
<b>Totals</b>		<b>44.5</b>	<b>0</b>	<b>120</b>	<b>10</b>	<b>7.75</b>	

**Fall Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD20350	Clinical Neuro-ophthalmic Topics	23	0	0	0	1.50	letter
BSD30701	Advanced Ocular Disease I	56.25	0	0	0	3.75	letter
PC32126	Patient Care IIIb	0	0	120	0	4.00	pass/fail
PC32406	Public Health and Clinical Practice	10	0	0	0	0.75	letter
SAC33203	Low Vision Rehab Throughout the Life Span	42	12	0	0	3.00	letter
SAC33583	Strabismus and Amblyopia	36	6	0	0	2.50	letter
Electives	2.00 credits by end of year						
<b>Totals</b>		<b>167.25</b>	<b>18</b>	<b>120</b>	<b>0</b>	<b>15.50</b>	

**Spring Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD30702	Advanced Ocular Disease II	72	0	0	15	4.75	letter
BSD30710	Special Topics: Ocul. Dis. and Adv. Clinical Care	20	0	0	0	1.25	pass/fail
PC32006	Advanced Surgical and Laser Procedures	26	18	0	2	2.50	letter
PC32041	Clinical Reasoning III	0	0	0	16	1.00	pass/fail
PC32127	Patient Care IIIc	0	0	120	0	4.00	pass/fail
PC32721	Ophthalmic Business and Management Policy I	10.5	0	0	5	0.75	letter
SAC33605	Pediatric Optometry	36	0	0	8	2.75	letter
Electives	2.00 credits by end of year						
<b>Totals</b>		<b>164.5</b>	<b>18</b>	<b>120</b>	<b>46</b>	<b>17.00</b>	

**Four-Year OD Program: Year 4**

**Summer course taken online while students in Rotations - Anterior & Posterior Interactive Case Studies must be completed by end of Fall Term**

Course Number	Course Title	Lecture	Lab	Patient Care	Seminar/Online	Credits	Grade Type
BSD40510-01	Anterior & Posterior Interactive Case Studies	0	0	0	15	1.00	letter
PC32722	Ophthalmic Business and Management Policy II	12	0	0	5	1.00	pass/fail

**Fall Terms: course taken online while students in Rotations - must be completed by end of Fall Term**

PC32723	Ophthalmic Business and Management Policy III	10	0	0	7	1.00	pass/fail
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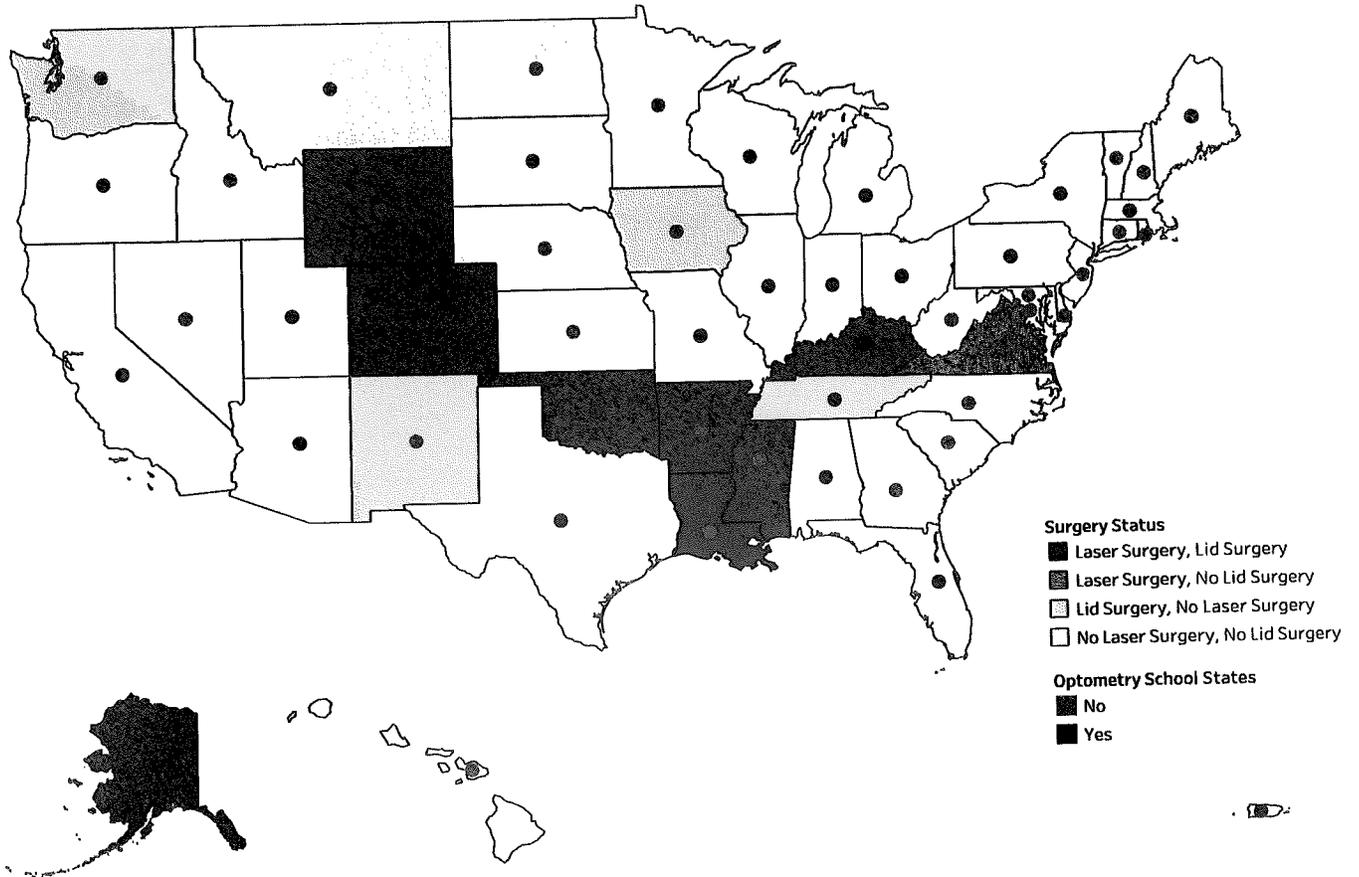
**Final-year Clinical Rotations**

Course Number	Course Title	Patient Care	Credits	Grade Type
ACC4963	Specialty Care Rotation	Minimum of 400	13.25	pass/fail
ECP4918	Primary Care Rotation	Minimum of 400	13.25	pass/fail
ECP4923	Advanced Care Rotation	Minimum of 400	13.25	pass/fail

Each student completes 53 clinical rotation credit hours during their four final year rotations.

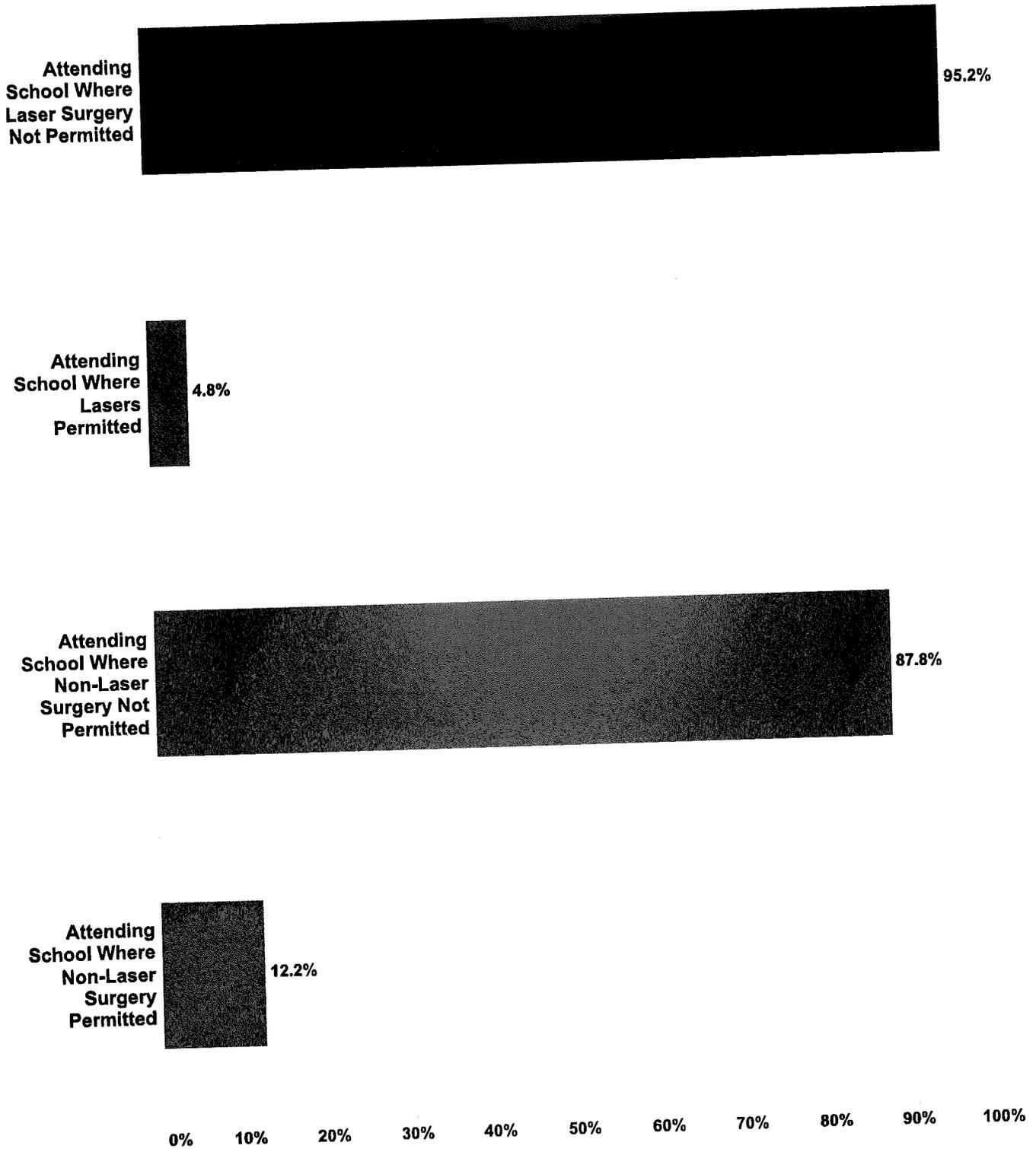
Contact Lenses Clinical Care is included in the rotations.

2 States that Authorize Laser Surgery and Lid Surgery Have Optometry Schools (OK, KY); 1 State that Authorizes Lid Surgery but Does Not Authorize Laser Surgery Has an Optometry School (TN)



# State Location of Optometry Students

OD Students





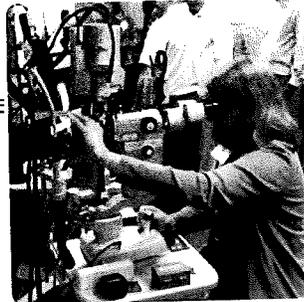
## JULY OPHTHALMIC PROCEDURES - JULY 10-13, 2025



### COURSE INFORMATION

Held in the heart of green country (Tahlequah, Oklahoma), Ophthalmic Procedures gives you the opportunity to receive the latest Ophthalmic Procedures hands on training with our upcoming COPE approved 32 hour Ophthalmic Procedures Course.

The conference will be held at the NSU College of Optometry Academic Wing  
**1001 N Grand Ave**  
**Tahlequah, OK 74464**



There will be a "Clinic Entrance" sign that can be seen from North Grand Ave.

Turn at the clinic entrance sign to get to the academic wing.

You can park in the parking lot out in front of the academic wing in the visitor parking for free.

The academic wing is labeled in large letters and is the last building in the lot with stairs leading up to the door.

### REGISTRATION

**\*LIVE IN PERSON ONLY\***

- Surgical: \$1,000
- Laser: \$1,000
- Surgical and Laser: \$1,850

[COURSE REGISTRATION >>](#)

### JULY 10-13, 2025

- July 10th & 11th will offer 16 hours COPE accredited CE for Surgical Procedures.
- July 12th & 13th will offer 16 hours COPE accredited CE for Laser Therapy for the Anterior Segment.

[COURSE SCHEDULE >>](#)

### TRAVEL INFORMATION

**• By Plane**

It is easiest to fly into Tulsa, OK. It is about an hour's drive from Tulsa to Tahlequah.

**NOTE: There is no public transportation from the airport to Tahlequah, nor is there any available in the city. You will need to rent a car to get to Tahlequah and for travel in the city.**

**• By Car**

OK-51 through Broken Arrow is the recommended route. This route does have a toll booth. You can use cash or change (change is usually quicker and easier). You can expect to pay \$6 or less round-trip.



**• For Hotel Accommodations please contact:**

2142 Mahaney Ave  
 Tahlequah, OK 74464  
 Phone: 918-506-4545



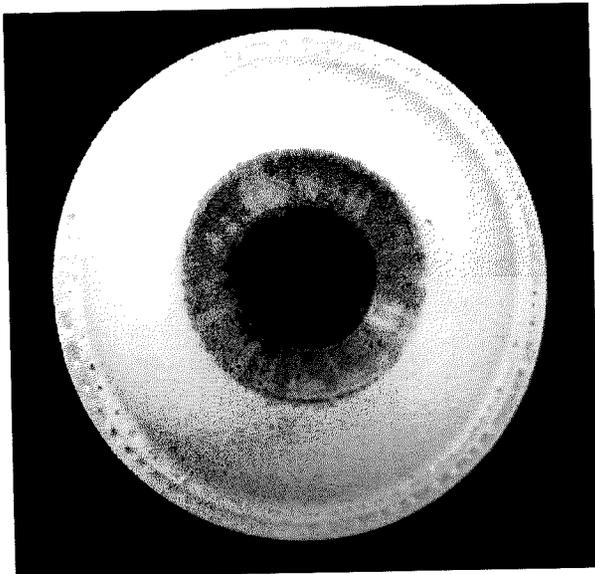
3457 Cherokee Springs Rd  
 Tahlequah, OK 74464  
 Phone: 918-871-4791

NSUOCO Ophthalmic Procedures Course  
 Tahlequah, Oklahoma

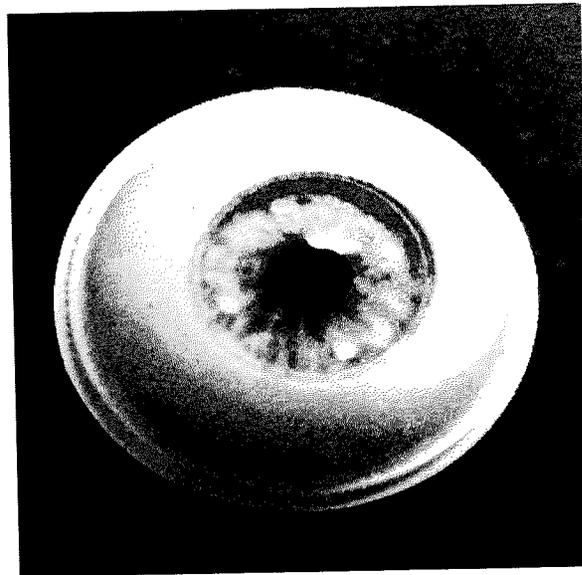
<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
1:00-2:00 p.m. Intro to Optometric Surgery, Consents, Ophthalmic Surgical Instruments, Asepsis Dr. Lighthizer	12:00-1:00 p.m. <u>Lunch Provided</u>	3:30-4:30 p.m. Laser Therapy in Narrow Angles/Angle Closure: LPI and ALPI Jeff Miller, O.D.
2:00-3:00 p.m. Review of Surgical Anatomy of the Ocular Adnexa & Eyelids Dr. Miller	1:00-2:00 p.m. Intro to Suturing Dr. Lighthizer	4:30-6:30 p.m. YAG Laser Capsulotomy & Managing Laser Complications Nate Lighthizer, O.D. Joseph Shetler, O.D.
3:00-5:00 p.m. Eyelid Lesions: A Thorough Overview Dr. Lighthizer	2:00-3:00 p.m. Suture Techniques Lab Dr.'s Shetler, Lighthizer, Miller & Whittle, Patel	6:30-7:30 p.m. Medicolegal Aspects of Anterior Segment Laser Procedures: Panel Discussion Dr.'s Lighthizer, Miller, Whittle, & Shetler
5:00-5:30 p.m. <u>Dinner Provided</u>	3:00-6:00 p.m. <u>Lab Rotations</u> Injection Techniques/Botox Dr.'s Miller & Whittle	
5:30-6:30 p.m. Office-based Local Anesthesia Dr. Miller	Eyelid Lesion Removal Techniques Dr. Lighthizer & Dr. Patel	
6:30-7:30 p.m. Radio Frequency Surgery & Lesion Removals in Optometric Practice Dr. Lighthizer	Intense Pulsed Light (IPL)/ Crosslinking Debridement Dr. Shetler	<u>Sunday</u>
7:30-8:30 p.m. Intense Pulsed Light Therapy (IPL) in the Optometric Practice Dr. Shetler	<u>Saturday</u>	7:00 a.m. <u>Breakfast Provided</u>
	7:00-8:00 a.m. <u>Breakfast Provided</u>	7:30-11:30 a.m. <u>Lab Rotations</u>
	8:00-9:00 a.m. Laser Physics, Hazards & Safety Neal Whittle, OD	YAG Capsulotomy Dr. Shetler & Dr. Krein
	9:00-10:00 a.m. Laser Tissue Interactions Nate Lighthizer, O.D.	Laser Peripheral Iridotomy Dr. Miller
<u>Friday</u>	10:00-12:00 p.m. Clinical Workshops: Intro to Therapeutic Lasers Dr.'s Lighthizer, Miller, Whittle & Shetler	Gonioscopy & Laser Lenses Dr. Whittle
7:00-8:00 a.m. <u>Breakfast Provided</u>	12:00-1:00 p.m. Gonioscopy: How to Interpret What You Are Seeing Neal Whittle, O.D.	Laser Trabeculoplasty: ALT & SLT Dr. Lighthizer
8:00-10:00 a.m. Chalazion Management & Botox Applications Dr. Lighthizer	1:00-1:30 p.m. <u>Lunch Provided</u>	11:30 -1:00 p.m. Review & Final Exam Nate Lighthizer
10:00-12:00 p.m. Video Grand Rounds & Surgical Concepts Dr. Lighthizer	1:30-3:30 p.m. Laser Therapy for the Open Angle Glaucomas: ALT & SLT Nate Lighthizer, O.D.	<u>Thank you!</u>

## LASER SECTION EYE MODELS (Before treatment)

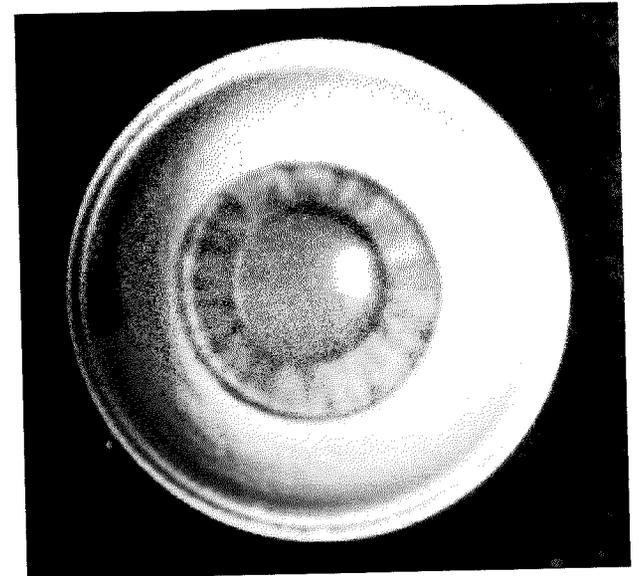
**SLT Laser Eye Model**



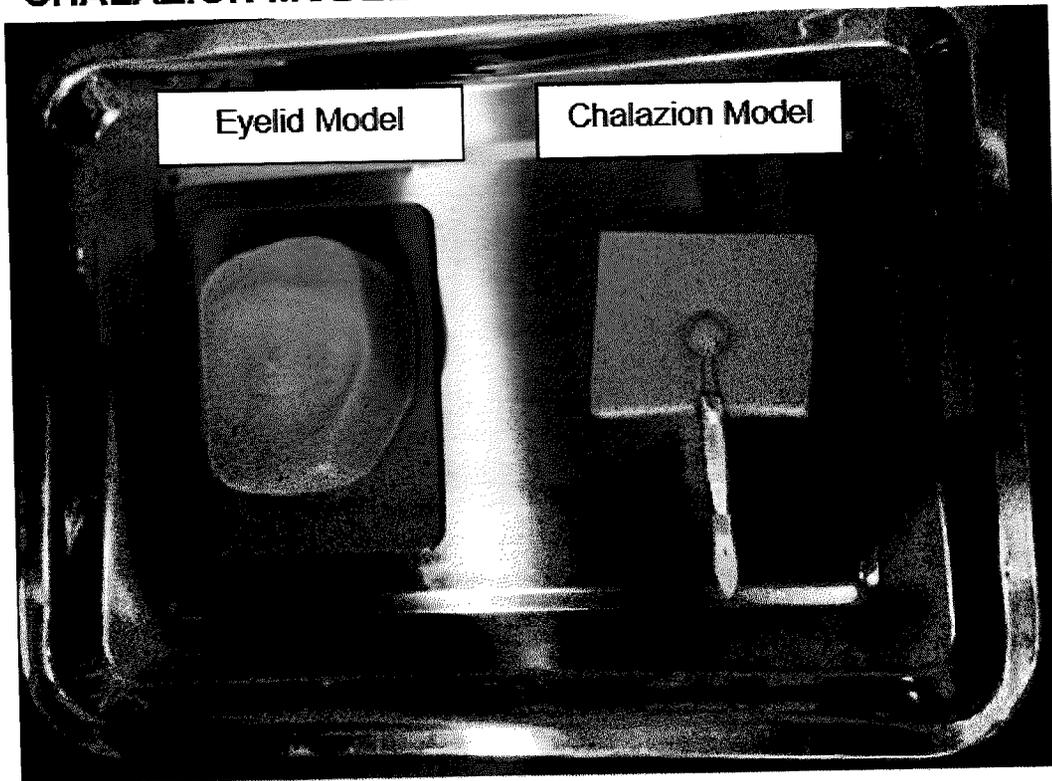
**LPI Eye Model**



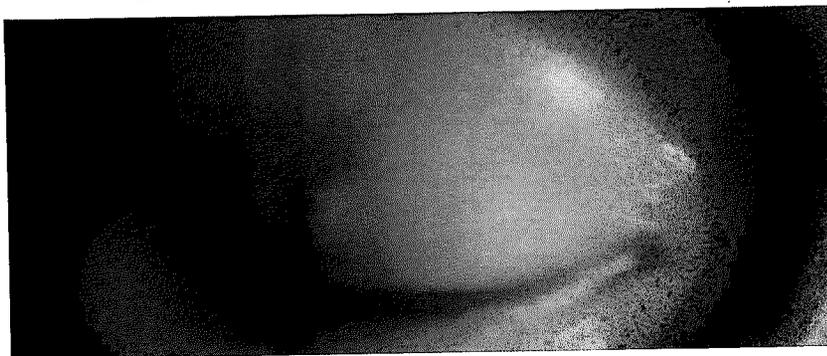
**YAG Eye Model**



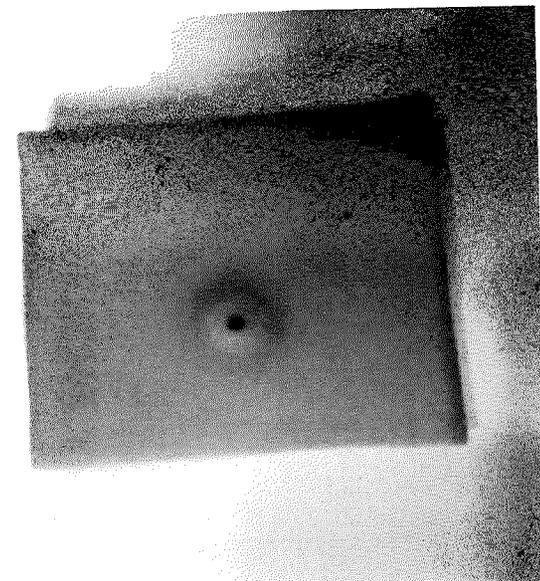
# CHALAZION MODEL TRAY



**Nasco Life/form LF01046/01047 Facial Suturing Trainer (Eyelid model)**



***Limbs & Things* Sebaceous Cyst Pad (Chalazion model)**



# SUTURING MODEL TRAY

**Nasco Life/form LF01046/01047 Facial Suturing Trainer (Eye Model)**

