COURSE SYLLABUS

THE SUNCOAST SEMINAR

PRESENTED BY THE PINELLAS OPTOMETRIC ASSOCIATION

Saturday April 25

7:45 am - 8:15 am	**Registration**
	Exhibit Hall Open
	Continental breakfast - *sponsored by St. Luke's Cataract and Laser Institute*
8:15 am - 9:55 am	**Advances in Cornea, Cataract, Refractive and Glaucoma Surgery (2, TQ, COPE: 103831-GO)** Neel R. Desai, M.D. and Priti Panchal, O.D.
9:55 am - 10:40 am	**Break**
	Exhibit Hall Open
10:40 am - 12:20 pm	**Amblyopia Management for Primary Care O.D.s (1, COPE: 103274-FV)** **Acquired Brain Injury: What the O.D. Needs to Know (1, COPE: 103273-FV)** Richard Sorkin, O.D.
12:20 pm - 1:10 pm	**Lunch** - *sponsored by Retina Vitreous Associates of Florida*
	Exhibit Hall Open
1:10 pm - 1:20 pm	**Lighthouse of Pinellas Update**
1:20 pm - 1:30 pm	**FOA Update**
1:30 pm - 3:10 pm	**Pharmaceutical Update - Innovations and Insights for Eye Care (2, TQ, COPE: 103324-PH)** Greg Caldwell, O.D.
3:10 pm - 3:30 pm	**Break**
3:30 pm - 5:10 pm	**Latest Advances in Eye Care Technology - Innovations in Early Detection and Management (2, TQ, COPE:103700-GO)** Greg Caldwell, O.D.

Sunday April 26

7:30 am - 8:00 am	**Registration**
	Continental breakfast - *sponsored by the POA*
8:00 am - 9:40 am	**Grand Rounds - Improving Eye Care and Outcomes for Patients (2, TQ, COPE: 103866-TD)** Greg Caldwell, O.D.
9:40 am - 10:00 am	**Break**
10:00 am - 11:40 am	**Prevention of Medical Errors (2, COPE: 102834-EJ)** Alice Sterling, O.D.
11:40 am - 12:00 pm	**Lunch** - *sponsored by LENZ Therapeutics*
12:00 pm - 1:40 pm	**Florida Jurisprudence (2, COPE: 101024-EJ)** Alice Sterling, O.D

Optometric Education Consultants

Grand Rounds

Improving Eye Care and Outcomes for Patients

Greg Caldwell, OD, FAAO

The Suncoast Seminar
April 25-26, 2026

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Disclosures- Greg Caldwell, OD, FAAO

All relevant relationships have been mitigated

- Lectured for: Alcon, B&L, Dompé, Lenz
  - Disclosure: Receive speaker honorariums
- Advisory Board: Dompé, Tarsus, Envision
  - Disclosure: Receive participant honorariums
- I have no direct financial or proprietary interest in any companies, products or services mentioned in this presentation
  - Disclosure: Non-salaried financial affiliation with Pharmanex/Nu Skin
- Healthcare Registries – Chairman of Advisory Council for Diabetes and AMD
- The content of this activity was prepared independently by me - Dr. Caldwell
- The content and format of this course is presented without commercial bias and does not claim superiority of any commercial product or service
- Optometric Education Consultants – Scottsdale, AZ, Pittsburgh, PA, Sarasota, FL , Barcelona, Spain, Orlando, FL, Mackinac Island, MI, Quebec City, Canada, and Nashville, TN- Owner

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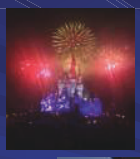
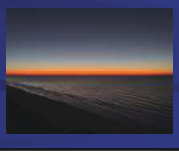
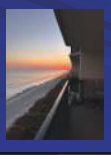
Financial Obligations





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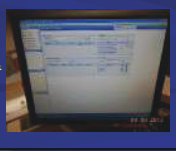
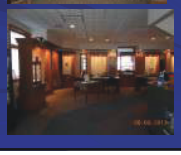
My Practice

I am a clinician first then a scientist

- Some are scientists first then clinician
- I need to simplify for patient and patient care.
- Science is great, but not good if there isn't a clinical application.
- Some lectures are science based without clinical application.
- My lecture will be a hybrid. Showing clinical applications of the science


It is wonderful to have someone who's juggling so many aspects of optometry [scientific, clinical experience, teacher & lecturer]. It is refreshing and very informative. -Sarah

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Case 1- 65-year-old man

- Reports a sudden loss of vision OD
  - 1-2 days ago
- Vision is counting fingers at 2 feet OD and 20/25 OS
- APD OD grade 4
- Fundus photos OU

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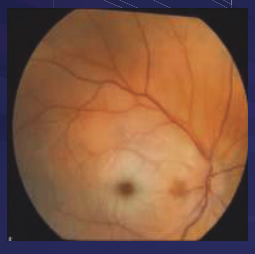
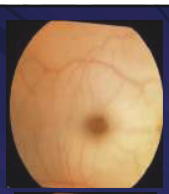
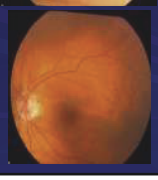
Photos OU

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CRAO Treatment/Work-Up/Follow-Up?

- Anterior cham… acentesis (le… 24 hours)
- STAT blood wo…
  - 2-10% of all CRAO… mbosis from Giant Cell Arteritis (GCA)
  - Sed-rate
  - C-reactive protein
    - Qualitative or quan…
  - CBC with diff
- Monitor for ne… larization, e… weeks

SOS

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CRAO, BRAO, TIA (amaurosis fugax)

- Acute Stroke Ready Hospital
  - Certification recognizes hospitals that meet standards to support better outcomes for stroke care as part of a stroke system of care
  - Developed in collaboration with the Joint Commission (TJC), eligibility standards include:
  - Dedicated stroke-focused program
  - Staffing by qualified medical professionals trained in stroke care
  - Relationship with local emergency management systems (EMS) that encourages training in field assessment tools and communication with the hospital prior to bringing a patient with a stroke to the emergency department
  - Access to stroke expertise 24 hours a day, 7 days a week (in person or via telemedicine) and transfer agreements with facilities that provide primary or comprehensive stroke services.
  - 24/7 ability to perform rapid diagnostic imaging and laboratory testing to facilitate the administration for IV thrombolytics in eligible patients
  - Streamlined flow of patient information while protecting patient rights, security and privacy
  - Use of data to assess and continually improve quality of care for stroke patients
- Warn hospital if suspicion for GCA
- 20% of stroke or heart attack within 3 years
- However, of those who experienced CVA or MI
  - 80% were within 24-48 hours; those remaining
  - 50% occurred in 2 weeks
  - Majority within the next 90 days
- Not PCP, not retinologist, just the Acute Stroke Ready Hospital!

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Acute Stroke Ready Hospital

- Is the basic level stroke hospital, better than not certified
  - This was created in 2015
- If you have access to a: (Even Better)
  - Primary Stroke Center
  - Thrombectomy-Capable Stroke Center
  - Comprehensive Stroke Center even better

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COUNTY	FACILITY NAME	Acute Stroke-ready, Comprehensive stroke Center or Primary Stroke	CITY	ZIP	EXPIRES
CHESTER	Phoenixville Hospital	Primary Stroke Center	Phoenixville	19460	9/24/2018
CHESTER	Paoli Hospital	Primary Stroke Center	Paoli	19301	7/12/2018
CLEARFIELD	Penn Highlands Healthcare - DuBois	Primary Stroke Center	DuBois	15801	7/25/2020
CLINTON	Lock Haven Hospital	Acute Stroke - Ready	Lock Haven	17745	10/13/2020
COLUMBIA	Berwick Hospital	Acute Stroke - Ready	Berwick	18603	7/9/2018
CRAWFORD	Meadville Medical Center	Primary Stroke Center	Meadville	16335	3/25/2022
CUMBERLAND	UPMC - Pinnacle Hospitals - West Shore Campus	Primary Stroke Center	Mechanicsburg	17050	11/8/2021
CUMBERLAND	UPMC Pinnacle Carlisle	Primary Stroke Center	Carlisle	17015	7/28/2018
CUMBERLAND	Geisinger Holy Spirit Hospital	Primary Stroke Center	Camp Hill	17011	8/18/2021
DAUPHIN	UPMC - Pinnacle Hospitals - Community Osteopathic	Primary Stroke Center	Harrisburg	17109	11/8/2021
DAUPHIN	UPMC - Pinnacle Hospitals - Harrisburg Campus	Primary Stroke Center	Harrisburg	17105	11/8/2021
DELAWARE	Main Line Hospital - Riddle Memorial Hospital	Primary Stroke Center	Media	19063	8/8/2020
DELAWARE	Taylor Hospital	Primary Stroke Center	Ridley Park	19078	11/6/2021
DELAWARE	Crozer Chester Medical Center	Primary Stroke Center	Upland	19013	11/6/2018
DELAWARE	Delaware County Memorial Hospital	Primary Stroke Center	Drexel Hill	19026	5/5/2020
ERIE	Millcreek Community Hospital	Primary Stroke Center	Erie	16509	1/8/2021
ERIE	UPMC Hamot	Comprehensive Stroke Center	Erie	16550	7/11/2021
FRANKLIN	Wellspan Waynesboro Hospital	Primary Stroke Center	Waynesboro	17268	9/17/2021
FRANKLIN	Wellspan Chambersburg Hospital	Primary Stroke Center	Chambersburg	17201	10/16/2021
INDIANA	Indiana Regional Medical Center	Primary Stroke Center	Indiana	15701	7/7/2020
LACKAWANNA	Regional Hospital of Scranton	Primary Stroke Center	Scranton	18510	5/7/2021
LACKAWANNA	Geisinger Community Medical Center	Primary Stroke Center	Scranton	18510	5/28/2021
LACKAWANNA	Mercy Taylor Hospital	Primary Stroke Center	Scranton	18510	11/6/2021
LANCASTER	Lancaster General Hospital	Primary Stroke Center	Lancaster	17604	3/16/2021
LANCASTER	WellSpan - Ephrata Community	Primary Stroke Center	Ephrata	17522	9/12/2021
LANCASTER	UPMC Lititz	Primary Stroke Center	Lititz	17543	9/28/2021
LEBANON	Good Samaritan Hospital, The	Primary Stroke Center	Lebanon	17042	9/15/2020
LEHIGH	St. Luke's Hospital - Bethlehem	Comprehensive Stroke Center	Bethlehem	18015	8/28/2021

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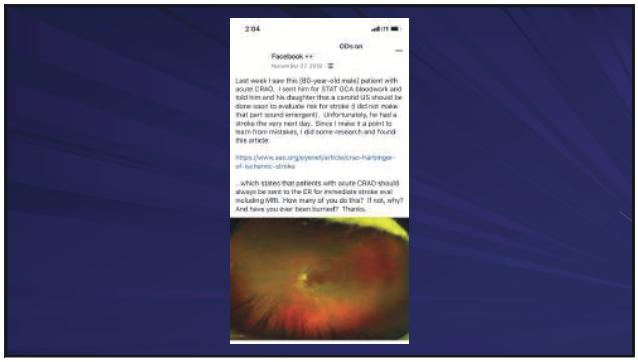

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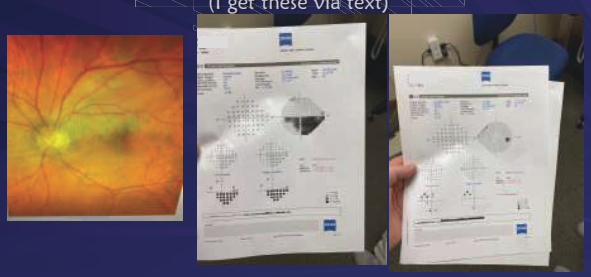
April 8, 2020 - COVID 19

(I get these via text)



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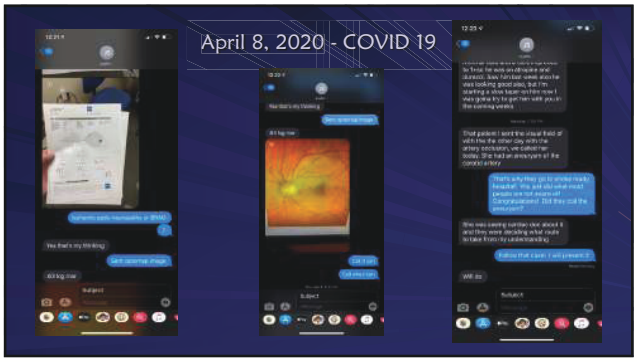

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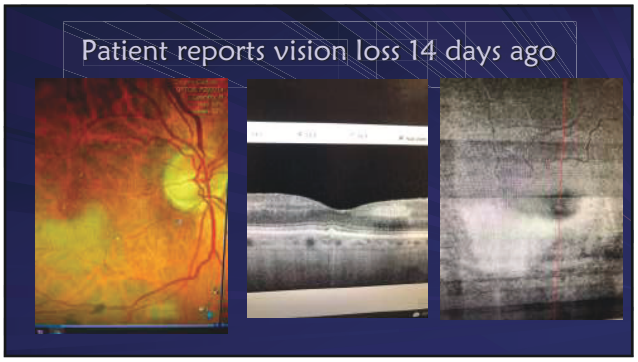

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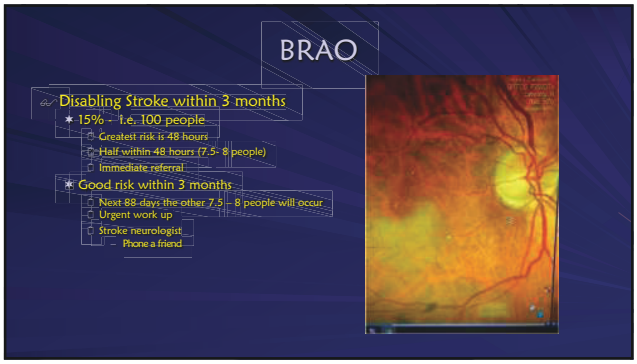

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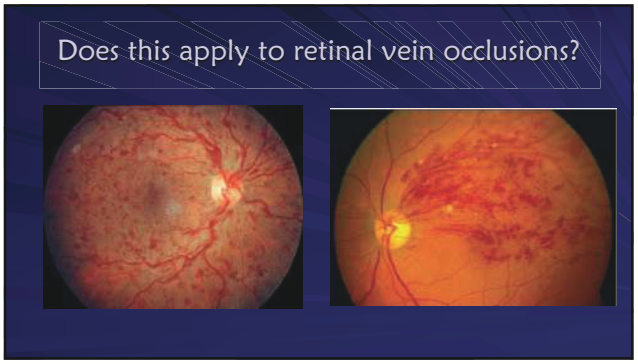

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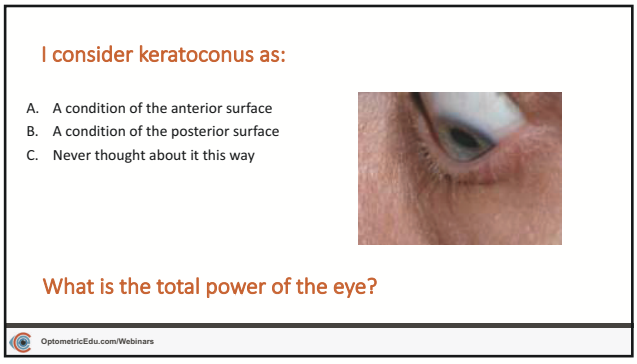

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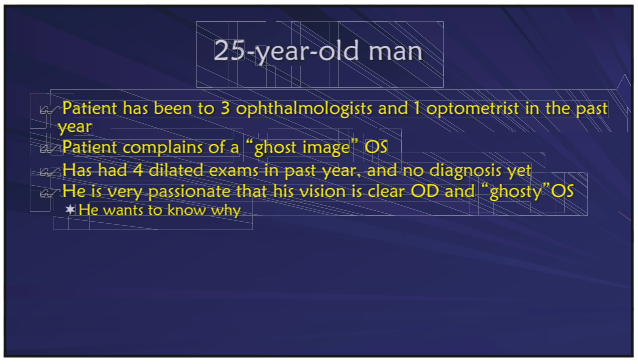

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"Ghost Image" OS

Va cc 20/20 20/20

Current Correction
R -2.50-1.00 x 180
L -3.25-1.00 x 180

EOMS: full, unrestricted
CT: ortho D/N

PERRL (-)APD
CF: full by FC OU

- SLE-unremarkable
- Fundus-unremarkable
- Previous unremarkable tests
  - Topography
  - Fluorescein angiography
  - CAT scan
  - MRI

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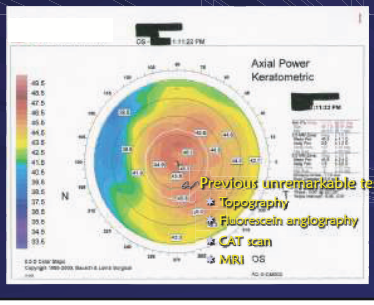
Any Thoughts About "Ghost Images"?



- Previous unremarkable tests
  - Topography
  - Fluorescein angiography
  - CAT scan
  - MRI OS

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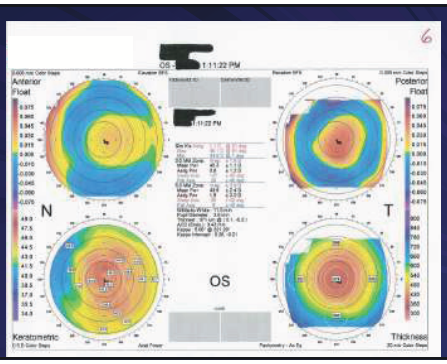

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How I felt when I finally realized keratoconus starts posteriorly

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Forme Fruste Keratoconus

- Treatment
- RGP lens in office and trial frame over refraction
  - Eliminated "ghost image"
- Patient currently only in spex
  - Not interested in RGP lens
- RTC 1 year, BVA and topographies

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Case 3

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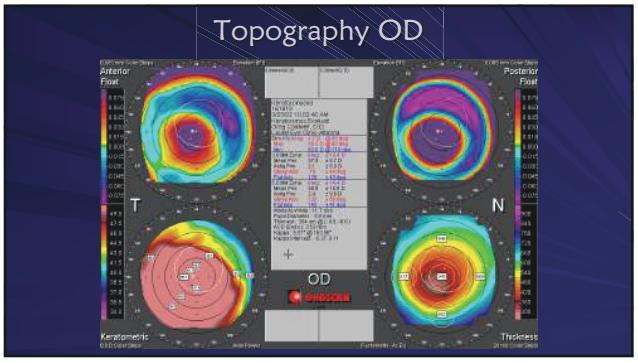

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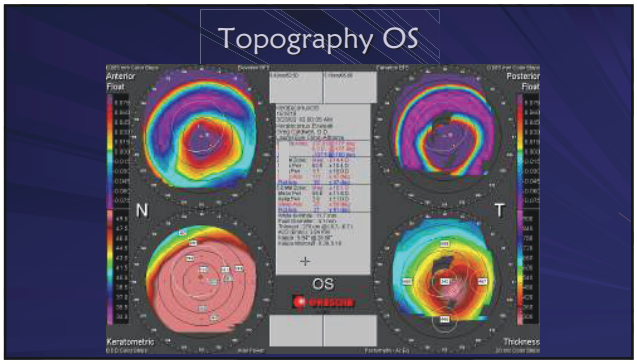

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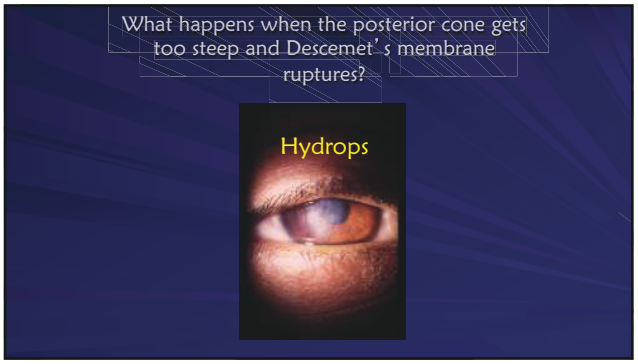

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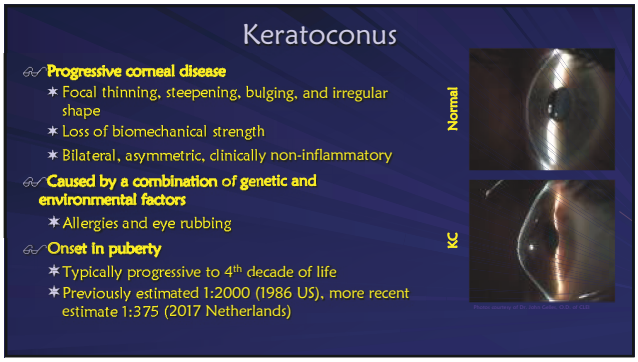

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