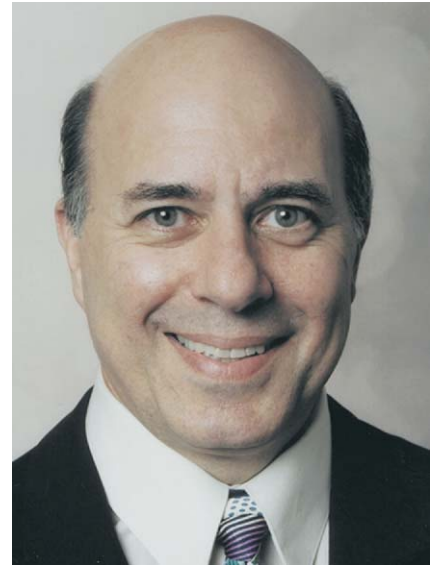


Paul B. Freeman, O.D.

Asleep at the wheel

As this journal's editor, I read . . . a lot. My reading includes not only optometric and ophthalmologic literature, but a sampling of other writings as well, such as medical journals, newspapers and periodicals, and nonfiction of all kinds. Reading sources outside optometric publications is always enlightening; I am constantly keeping an eye out for items of interest to the profession. Sometimes I come across information telling me optometry, as a group, is failing to participate in activities which would either directly benefit from our professional expertise or, more troubling, which could be within our domain, but with which optometrists have no apparent involvement. In a recent editorial,¹ I wrote about how optometric expertise in the areas of basic vision, visual ergonomics, and perception might enhance Transportation Safety Officers' (security screeners at the airports) ability to detect prohibited objects when viewing an x-ray monitor. Organized optometry has not, to my knowledge, been involved in that area in any way. More recently, I read a small snippet of information in the March 2006 AARP bulletin about a new "more legible typeface for highway signs,"² reminding me again about this professional dilemma of potential non-involvement. The font, called *ClearviewHwy* according to the written information, took about 10 years to develop by "a team of civil engineers, graphic designers, psychologists, and *vision experts* (my italics)."² The report indicated that highway signs with this typeface were being used in Texas and in my home state of Pennsylvania. Although I am fairly active in my state

association, I had never heard anything about this and thought that I had missed seeing the information in the professional or regional literature. Since working with visually impaired individuals and seniors is what I emphasize in my practice, I tend to pay attention to this type of information so that I can pass it along, particularly to those who are legally able to drive. It seemed to me, however, that if I didn't know about it, surely optometry's representative on the state motor vehicle medical advisory board would. A phone call proved me wrong; not only was he unaware of this information, but the executive director of my state organization was unaware of this as well. After a few more phone calls to other optometrists around the country who I thought would be likely to know about this, I discovered that, in fact, only one was even aware of the project. However, further inquiries on my behalf by some of those who were queried, brought me to more particulars about the topic. To my chagrin, the research was done in Pennsylvania, and according to the Web site www.clearviewhwy.com, "The new designs of the *ClearviewHwy* typeface were viewed (May 2002) by federal and state traffic engineers and *vision experts* (my italics) in a full scale demonstration . . ."³ So how is it possible that researchers, who I am sure are very knowledgeable in the area of road signage visibility and research, would not also avail themselves of the resources of private optometrists, vision experts at any of the optometry schools, state optometric organizations, or the national optometric organization? Could it be that our knowledge about vision and aging issues as



Paul B. Freeman, O.D.

they relate to the visibility of environmental information, like road signs, is not obvious to the research community or the general public? Or, have we not been assertive enough in presenting ourselves as "vision experts?" Almost immediately after exploring that topic, I came across another article suggesting that we apparently keep our expertise in vision rehabilitation low key as well. An article in *The Wall Street Journal*, written about a woman author who lives near Asheville, North Carolina, claimed that, although she loved cats and had had them for "half a century," she found that "because of my low vision I had to give them up."⁴ I am curious to know if she had (or even knew about the option of having) access to a low vision examination and vision rehabilitation.

Amazingly, I come across this type of information at least once a week. It seems to me that there are many op-

portunities for optometry to become more active in integrating our profession and its areas of expertise into the many venues which might appear at first blush to be peripheral in nature. To do that effectively, however, requires knowledge of these activities as they occur or, (better yet) as they are being developed. To do *that*, I think that the equivalent of a journal club could be organized at the national level to read and help filter information that might have the potential for optometric involvement. This could be done as part of the AOA's volunteer structure.

Such a "journal club" committee could divide its coverage by publications, with the ultimate goal of exchanging information at the national committee level, followed by directing specific information to appropriate national committees, state organizations, or local societies to be acted on in some fashion, so that optometry's vision expertise would be made available to many of those projects identified by the "club." I believe such an initiative is critical to maintaining optometry's standing as a resource for vision-related topics, as well as for securing

new opportunities to move the profession forward. In the meantime, however, I will keep on reading . . .

References

1. Freeman PB. Second to the right, and straight on till morning. *Optometry* 2006;77(3):107-8.
2. BulletinBOARD. Now see this. *AARP Bulletin*, March 2006, p. 8.
3. ClearviewHwy. <http://www.clearviewhwy.com>. Last accessed April 7, 2006.
4. Kaufman J. The cat woman who writes mysteries. *The Wall Street Journal*, March 15, 2006:D16.