



**STATE BOARD OF OPTOMETRY**  
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834  
 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Continuing Education Course  
 Approval Checklist

Title:

Provider Name:

- Completed Application
  - Open to all Optometrists?  Yes  No
  - Maintain Record Agreement?  Yes  No
- Correct Application Fee
- Detailed Course Summary
- Detailed Course Outline
- PowerPoint and/or other Presentation Materials
- Advertising (optional)
- CV for EACH Course Instructor
- License Verification for Each Course Instructor
  - Disciplinary History?  Yes  No



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CALIFORNIA STATE BOARD OF OPTOMETRY

2017 MAR 22 AM 11:55

**CONTINUING EDUCATION COURSE APPROVAL APPLICATION**

Licensing and Board Use Only			
Receipt #	Payor ID	Beneficiary ID	Amount
1-3223	439594	439594	50

**\$50 Mandatory Fee**

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

**Please type or print clearly.**

<b>Course Title</b> Mental Barriers in Visual Rehabilitation	<b>Course Presentation Date</b> 09 / 29 / 2017
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**Course Provider Contact Information**

<b>Provider Name</b> Joseph Pruitt Allan (First) (Last) (Middle)
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<b>Provider Mailing Address</b> Street 11980 Mt Vernon Ave. City Grand Terrace State CA Zip 92313
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<b>Provider Email Address</b> pruitt.joseph@gmail.com
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<b>Will the proposed course be open to all California licensed optometrists?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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**Course Instructor Information**

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

<b>Instructor Name</b> Joseph Pruitt Allan (First) (Last) (Middle)
--

<b>License Number</b> 13429	<b>License Type</b> TLG
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<b>Phone Number</b> (909) 721-7751	<b>Email Address</b> pruitt.joseph@gmail.com
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**I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.**

Joseph Pruitt  
Signature of Course Provider

3/13/2017  
Date

1  **Overcoming Mental Barriers in Vision Rehabilitation**

Joseph A. Pruitt, O.D., M.B.A., FAAO  
Riverside-San Bernardino County Indian Health, Inc.

Lyn M. Wiley, M.A., COMS  
Blind Rehabilitation Outpatient Specialist, Minneapolis VA Health Care System

2  **Case Report**

- A 29-year old white female presented to TBI Eye Clinic complaining of vertical diplopia and intermittent visual discomfort.
- 
- Her history was remarkable for having suffered a remote traumatic head injury 7 years prior.
  - Fell off a ladder and hit the back (occipital region) of her head
  - Identified this event as onset for both her chief complaints
  - Has since worn prismatic spectacles, which resolved the diplopia up until recently, but never did resolve the intermittent visual discomfort

3  **Case Report (Continued)**

- Eye Examination:
  - Entering visual acuities through her habitual glasses were 20/20 right eye (OD), left eye (OS) and with both eyes (OU.)
  - Pupils were equal, round and reactive to light and no evidence of an afferent pupillary defect.
  - Cover Test through her habitual glasses yielded a 2 prism diopter right hypertropia at distance and near.
  - Park's 3-step isolated a right superior oblique muscle palsy.
  - Uncorrected Modified Thorington/Maddox Rod resulted 6 prism diopters right hyperphoria and 2 prism diopters esophoria.
  - Gradient accommodative convergence to the stimulus of accommodation ratio (AC/A) was measured to be 2/1.
- 

4  **Case Report (Continued)**

- Subjective refraction yielded a compound myopic astigmatic refractive error OD and OS.
  - Over the subjective refraction, 3 prism diopters base-down and 1 prism diopter base-out was placed over the right eye and 3 prism diopters base-up and 1 prism diopter base-out was placed over the left eye.
  - Modified Thorington/Maddox Rod performed over the subjective prescription with the added prisms yielded the result of ortho both vertically and horizontally
- Prescription was released.
- 
- 

5  **Case Report (Continued)**

- 6 weeks later patient returned to clinic for a follow-up exam after having received her new glasses.
  - Patient reported he diplopia had "essentially resolved," but still complained of intermittent visual discomfort.

6  **Case Report (Continued)**


- Eye Examination:
  - Entering visual acuities through her new glasses were 20/20 at distance and near OD, OS, OU.
  - Pupils were equal, round and reactive to light without presence of an afferent pupillary defect. Cover test was ortho at distance and near.
  - Near Point Convergence was to the nose on all three attempts.
  - Positive Prism Bar Vergences yielded the result of a break at 16 prism diopters and a recovery at 10 prism diopters.
  - Negative Prism Bar Vergences yielded the result of a break 8 prism diopters and a recovery of 4 prism diopters.
  - Minus-lens Amplitudes were found to be 8.75 diopters OD and 6.00 diopters OS. The patient was diagnosed with accommodative insufficiency OS and vision therapy was prescribed.
- The patient was diagnosed with accommodative insufficiency OS and vision therapy was prescribed.

7  **Case Report (Continued)**

- 1 week later, the patient began vision therapy
  - Started with Hart Chart Minus Lens Dips using a -4.00 diopter lens with a goal of at least -8.00 diopters of accommodative amplitude OD, OS
  - Patient progressed well into week 2 of therapy having sufficiently worked her way into performing the Monocular Hart Chart Minus Lens Dips with -5.00 diopter lens.


8  **Case Report (Continued)**

- Brock String was then introduced during week 2 primarily as a means of providing an out-of-office component into her therapy due to distributable lens blanks not being available to the clinic
  - The progress with the Brock String was not tracked given that the patient was convergence sufficient
- Week 3 of therapy, the patient demonstrated marked difficulty with the -5.00 diopter lens and regressed to having to use a -4.00 diopter lens for Monocular Hart Chart Minus Lens Dips.

9  **Case Report (Continued)**

- Week 4 of therapy, the patient remained only able to perform the Monocular Minus Lens Dips with -4.00 diopter.
- Patient was referred back to TBI Eye Clinic for reevaluation.

- 3 days later, the patient presented to TBI Eye Clinic

10  **Case Reprt (Continued)**

- Eye Examination:
  - Entering visual acuities were 20/20 at distance and near OD, OS, OU
  - Pupils were equal, round and reactive to light without presence of an afferent pupillary defect
  - Cover test was ortho at distance and near

- Positive Prism Bar Vergences yielded the result of a break at 12 prism diopters and a recovery at 2 prism diopters

11  **Case Report (Continued)**

- Eye Examination (continued):
  - Negative Prism Bar Vergences yielded the result of a break 4 prism diopters and a recovery of 2 prism diopters
  - Minus-lens Amplitudes were found to be 2.75 diopters OD and 1.50 diopters OS
- Given the atypical near testing results, malingering was suspected and vision therapy was temporarily suspended until the matter could be discussed with the patient's inter-disciplinary team

12  **Case Report (Continued)**

- 6 days later, the patient's case was discussed with the patient's vision therapist, psychologist and social worker
  - The psychologist identified tentative diagnosis of Conversion Disorder
- The next day, vision therapy resumed with exception to the Brock String
  - It was made clear to the patient the prescribed therapy will resolve her visual complaints and if in the event it does not, the cause of her complaint is not visual in nature, but psychological
  - Monocular Hart Chart Minus Lens Dips were completed with -4.00 diopter lens

13  **Case Report (Continued)**

- The following week, the patient increased her performance to being able to use a -6.00 diopter lens during Monocular Hart Chart Minus Lens Dips
- The final week, the patient not only met, but surpassed her goal and was able to perform Monocular Hart Chart Minus Lens Dips with -9.50 diopter lens
- 1 week later, the patient was reevaluated in TBI Eye Clinic

14  **Case Report (Continued)**

- Eye Examination:
  - Patient reported she was symptom-free for the last two weeks
  - Entering visual acuities were 20/20 at distance and near OD, OS, OU
  - Pupils were equal, round and reactive to light without presence of an afferent pupillary defect
  - Cover Test was ortho at distance and near
  - Positive Prism Bar Vergences yielded the result of a break at 18 prism diopters and a recovery at 14 prism diopters

15  **Case Report (Continued)**

- Eye Examination (continued):
  - Negative Prism Bar Vergences yielded the result of a break 8 prism diopters and a recovery of 6 prism diopters
  - Minus-lens Amplitudes were found to be 10.00 diopters OD and 9.50 diopters OS
  - Patient successfully completed vision therapy
- Patient contacted clinic 6 months later to report she is doing "great" and to say how thankful she is for all the "help" and that she is engaged to be married

16  **Discussion**

- This case utilized the "double-bind" technique to manage the Conversion Disorder
- The double-bind technique consists of confronting the patient with two possible causalities for their symptoms
  - The first being an organic etiology

- The second being a psychological etiology
- Then it is explained to the patient if the etiology is truly organic, the treatment will work, if not, it is psychological in nature and long-term psychological treatment is warranted

#### 17 **Discussion (continued)**

- This effectively places the patient in a difficult position whereby the only way they can prove something was indeed “wrong” or that they were “sick” is to actually recover and become well.
- The beauty of the double-bind approach is that it allows the patient a “face-saving” option to recovery
- The double-bind leaves patients little choice but to accept the face-saving option of eliminating their symptoms through rehabilitation and confronting the feared consequence of being well

#### 18 **Conclusion**

- Those involved in the prescription and implementation of rehabilitative vision therapy must be cognizant of the potential mental barriers that threaten the standard progression of a prescribed vision therapy plan and ultimately the resolution of the visual symptoms and/or complaints
- Especially due to the fact conventional thought within vision therapy rehabilitation being that the lack of adequate progression within the first 3-4 weeks of consistent vision therapy is the result of a misdiagnosis of the etiology of the visual symptoms and/or complaint.

#### 19 **Conclusion (continued)**

- It is imperative to prevent the risk of departing from an accurate diagnosis and treatment that eye care providers and therapists consider the possibility of Conversion Disorder when confronted with an atypical response to visual rehabilitative efforts.
- Therapists must have good communication with the prescribing eye care provider in order to identify the potential problem so that the eye care provider can appropriately diagnose the presence of Conversion Disorder and manage it appropriately.

#### 20 **References**

- Harvey S, Stanton B, David A. Conversion Disorder: Towards a Neurobiological Understanding. *Neuropsychiatric Disease and Treatment* 2006; 2(1): 13-20.
- Hayman KJ, Kerse NM, La Grow SJ, Wouldes T, Robertson MC, Campbell AJ. Depression in Older People: Visual Impairment and Subjective Ratings of Health. *Optometry and Vision Science* 2007; 84(11): 1024-1030.
- Heruti RJ, Levy A, Adunski A, Ohry A. Conversion Motor Paralysis Disorder: Overview and Rehabilitation Model. *Spinal Cord* 2002; 40: 327-334.
- Kroenke K. Efficacy of Treatment for Somatoform Disorders: A Review of Randomized Controlled Trials. *Psychosomatic Medicine* 2007; 69: 881-888.
- Oyama O, Paltoo C, Greengold J. Somatoform Disorders. *American Family Physician* 2007; 76(9): 1333-1338.
- Rees G, Fenwick E, Keefe JE, Mellor D, Lamoureux EL. Detection of Depression in Patients with Low Vision. *Optometry and Vision Science* 2009; 86(12) 1328-1336.
- Shapiro A, Teasell R. Behavioural Interventions in the Rehabilitation of Acute v. Chronic Non-Organic (conversion/factitious) Motor Disorders. *British Journal of*

3/15/2017

Psychiatry (2004); 185: 140-146.

- Teasell R, Shapiro A. Rehabilitation of Conversion Disorders: A Programmatic Experience. Physical Medicine and Rehabilitation 2002; 16(1): 45-52.

## Overcoming Mental Barriers in Vision Rehabilitation

Joseph A. Pruitt, O.D., M.B.A., FFAO  
Riverside-San Bernardino County Indian Health, Inc.

Lyn M. Wiley, M.A., COMS  
Blind Rehabilitation Outpatient Specialist, Minneapolis VA Health Care System

## Case Report

- A 29-year old white female presented to TBI Eye Clinic complaining of vertical diplopia and intermittent visual discomfort.
- Her history was remarkable for having suffered a remote traumatic head injury 7 years prior.
  - Fell off a ladder and hit the back (occipital region) of her head
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## Case Report (Continued)

- Eye Examination:
  - Entering visual acuities through her habitual glasses were 20/20 right eye (OD), left eye (OS) and with both eyes (OU).
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  - Park's 3-step isolated a right superior oblique muscle palsy.
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### Discussion (continued)

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### Conclusion

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### Conclusion (continued)

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- Teasell R, Shapiro A. Rehabilitation of Conversion Disorders: A Programmatic Experience. *Physical Medicine and Rehabilitation* 2002; 16(1): 45-52.

## **Joseph A. Pruitt, O.D., M.B.A., FAAO**

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### **Objective:**

### **Education:**

Nova Southeastern University, Fort Lauderdale-Davie, Florida Master of Business Administration, 2011	2008-2011
West Los Angeles Veteran Affairs Healthcare Center, Los Angeles, California Residency Certificate, Geriatric/Primary Care, 2008	2007-2008
Illinois College of Optometry, Chicago, Illinois Doctor of Optometry, 2007	2003-2007
California State Polytechnic University, Pomona, California Bachelor of Science, Biology, 2003	2000-2003
University of Memphis, Memphis, Tennessee Major in Biology	1999-2000

### **Licenses:**

Tennessee #2753 • Active • Injectable Certification • Therapeutic Certification	Date of Issue: July 10, 2007
California #13429T • Active • Therapeutic and Pharmaceutical Agent + Lacrimal Irrigation and Dilation + Glaucoma (TLG) Certified	Date of Issue: Sept. 28, 2007
Georgia #OPT002454 • Active • Diagnostic and Therapeutic Pharmaceutical Agent Certified	Date of Issue: June 12, 2008
Minnesota #3130 • Active • Diagnostic Pharmaceutical Agent (DPA) Certified • Therapeutic Pharmaceutical Agent (TPA) Certified	Date of Issue: June 17, 2008

### **Board Certification:**

American Board of Certification in Medical Optometry • Board certified	Date of recertification: Feb 2018
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### **Certifications:**

Drug Enforcement Agency (DEA) Certified	Date of Expiration: Mar 2020
Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED)	Recommended Renewal: Mar 2017
Bausch & Lomb Overnight Orthokeratology • Certification Number: 20060406002	Date of Issue/Completion: April 6, 2006

Paragon Corneal Refractive Therapy (CRT)  
• Certification Number: 161000

Date of Issue/Completion: Dec. 28, 2007

Advance Competence in Medical Optometry (ACMO)

Date Taken: June 13, 2008

- Administered by the National Board of Examiners in Optometry (NBEO)
- Examination only made available to candidates meeting specific clinical experience requirements/pre-requisites
- Passed examination

**Employment:**

Riverside San Bernardino County Indian Health, Inc (RSBCIHI) Oct. 2014- present  
• Director of Eye Care  
• Staff Optometrist

Riverside San Bernardino County Indian Health, Inc (RSBCIHI) July 2014- Oct. 2014  
• Staff Optometrist

Minneapolis Veteran Affairs Health Care System Nov 2008- June 2014  
• Low Vision/Staff Optometrist  
• Optometric Residency Coordinator

- Spearheaded and implemented program

  
• Student Externship Coordinator

- Spearheaded and implemented program

Wal-Mart Vision Center (Red Wing & Rochester, MN) Jul 2008- Nov 2008  
• Associate Optometrist

EyExam of California Oct 2007- June 2008  
• On-call/Fill-in Optometrist

**Faculty Appointments:**

Western University of Health Science / College of Optometry, Pomona, California Jan 2015 - present  
• Clinical Assistant Professor of Optometry  
• RSBCIHI Externship Site Program Director

- As part of being RSBCIHI Eye Care Director

University of the Incarnate Word-Rosenberg School of Optometry, San Antonio, Texas May 2012- June 2014  
• Clinical Assistant Professor  
• Minneapolis VA HCS Externship Site Program Director

Midwestern University-Arizona College of Optometry, Glendale, Arizona May 2012- June 2014  
• Adjunct Clinical Assistant Professor  
• Minneapolis VA HCS Externship Site Program Director

Southern College of Optometry, Memphis, Tennessee Dec 2010- June 2014  
• Adjunct Faculty  
• Minneapolis VA HCS Externship Site Program Director

University of Missouri, St. Louis College of Optometry, St. Louis, Missouri Jul 2009- June 2014  
• Adjunct Assistant Professor  
• Minneapolis VA HCS Externship Site Program Director

**Experience:**

Riverside-San Bernardino Indian Health, Inc Oct 2014 - present  
• Director of Eye Care

- Oversee all organizational Eye Care activities

- Staff Optometrist

Riverside-San Bernardino Indian Health, Inc

Jul 2014 – Oct 2014

- Staff Optometrist

Minneapolis Veteran Affairs Medical Center

Nov 2008- June 2014

- Staff Optometrist
  - Primary Eye Care
  - Low Vision
    - Sole low vision eye care provider
  - Polytrauma/Traumatic Brain Injury (TBI) Ocular Health & Vision Assessments
- VISN 23 Low Vision Continuum of Care Conference (May 2009)
  - Faculty
  - Planning committee
- Established Associated Health Education Affiliation Agreement with University of Missouri, St. Louis College of Optometry, Ferris State University Michigan College of Optometry, & Southern College of Optometry for the optometric externship program
  - Externship program director
- Established Associated Health Education Affiliation Agreement with the Illinois College of Optometry for the optometry residency program
  - Residency in Primary Care/Brain Injury and Vision Rehabilitation
  - Residency program director
    - Designed the program's curriculum
    - Secured all necessary approvals and funding
    - After the initial site visit, program received full ACOE accreditation

Wal-Mart Vision Center (Red Wing & Rochester, MN)

Jul 2008- Nov 2008

- Associate Optometrist

Residency:

West Los Angeles Veteran Affairs Healthcare Center

Jul 2007- June 2008

- Geriatrics/Primary Care
  - Primary Care including Diabetic exams
  - Low Vision evaluations/exams
  - Nursing home/in-patient exams
  - Medically justified specialty contact lenses exams/ fittings
  - Lecture Internal Medicine's and Endocrinology's Residents & Interns on Diabetic Retinopathy
    - Given during Chief Resident rotation
  - Precept Southern California College of Optometry's interns

Optometric Externships:

Atlantic Eye Institute, Jacksonville Beach, FL

Feb-May 2007

- OD/MD private practice with an emphasis on Contact Lenses and Primary Care
- Observed multiple surgical procedures:
  - Cataract Extraction
  - Blepharoplasty
  - Strabismus recession and resection

Memphis Veterans Affairs Medical Center (VAMC), Memphis, TN

Nov 2006-Feb 2007

- Emphasis on Primary Care
- Assisted in direct care in a high patient volume

- medical optometric eye clinic
- Assisted in optometric injections and fluorescence angiographies procedures

Illinois Eye Institute (IEI), Chicago, IL

Aug-Nov 2006

- Emphasis on Pediatrics/Binocular Vision, Advance Care, and Low Vision
- Performed comprehensive eye exams on pediatric patients (infants-11yrs of age)
- Performed comprehensive eye exams on "at risk/2<sup>nd</sup> chance" children one day a week at Maryville Academy
- Constructed, tailored and performed successful binocular vision/vision therapy treatments to 4 children over a 10 week period
- Assisted in the treatment of advance glaucoma with attending University of Chicago ophthalmologist
- Performed problem specific examinations one day per week in IEI's Emergency/Urgent Care/Walk-in clinic
- Performed full Low Vision examinations including Low Vision device selection and training

Body of Christ Optometry Clinic, Tegucigalpa, Honduras

May-Aug 2006

- Emphasis on Primary and Advance Care
- Performed full-scope optometric care in a high patient volume medical clinic geared towards the underprivileged
- Also worked closely with a local ophthalmologist
  - Observed and assisted in Cataract Extraction and Incision and Curettage procedures
  - Provided pre and post-surgical care

Primary Care Clinical Education

Illinois Eye Institute, Chicago, IL

Aug 2005-May 2006

Volunteer Optometric Assistant

Body of Christ Optometry Clinic, Tegucigalpa, Honduras

Jun-Aug 2004

- Assisted staff optometrist in direct patient care in the clinic and multiple remote satellite outreach locations

**Professional Affiliations/Memberships:**

- Accreditation Council on Optometric Education
  - Consultant, 2014-present
- American Academy of Optometry (AAO)
  - Fellow; Class of 2009
- American Optometric Association (AOA)
- Armed Forces Optometric Society (AFOS)
- European Academy of Optometry and Optics (EAOO)
  - Candidate for Fellowship
- Fellowship of Christian Optometrists (FCO)
- Minneapolis VAMC Medical Staff Association
  - Steering Committee, member 2010-2014
- National Association of Veteran Affairs Optometrists (NAVAO)
  - Newsletter Committee, member 2010-2014
- National Optometric Association (NOA)
  - Minnesota's NOA State Representative 2010-2012
  - National Optometric Student Association (NOSA)
    - NOSA National Vice-President: 2006-2007
    - NOSA-ICO President: 2005-2006
    - NOSA-ICO Vice-President: 2004-2005

- Volunteer Optometric Service to Humanity (VOSH)
- Journal of Rehabilitation Research and Development
  - Peer Reviewer, 2013-2014

**Activities:**

- VOSH Medical Mission Trip, Bamenda, Cameroon (May 2010)
- Mayo Medical School/Brighter Tomorrow's Winter Warmth Festival (Jan 2009 & Jan 2010)
  - Fun day of activities for children battling cancer and their families
  - Volunteer
- Veteran Affairs Disaster Emergency Medical Personnel System (DEMPS)
  - Volunteer (Aug 2009-present)
- FCO Optometry Mission Trip, Port Au Prince, Haiti (Feb 2007)
- SVOSH Medical Mission Trip, Addis Addaba, Ethiopia (Mar-Apr 2006)
- FCO Optometry Mission Trip, Tegucigalpa, Honduras (Apr 2003 & Nov 2004)

**Honors/Rewards:**

- Recognition of Excellence in Teaching as Clinical Assistant Professor, Western University Health Sciences/College of Optometry (2015-2016 Academic Year)
- Nomination for Medical Staff Clinical Excellence Award (2012 & 2013)
- Recognition for Outstanding Dedication and Service as Adjunct Assistant Professor, University of Missouri – St. Louis (2010-2011 Academic Year)
- Journal of the American Optometric Association: Optometry's Eagle Award (Nov 2010)
- Certificate of Appreciation (July 2009)
  - Department of Veterans Affairs – VISN 23
    - Awarded for participation in VISN 23 Blind and Low Vision Continuum of Care Conference
- Recognition for Clinical Excellence (May 2007)
- Derald Taylor Low Vision Award (May 2007)
- Clinical Dean's List (summer 2005; summer & fall 2006, winter & spring 2007)
- Academic Dean's List (fall 2004)
- Wildermuth Leadership Award/Scholarship (Aug 2006)
- Vistakon Acuvue Eye Health Advisor Citizenship Scholarship (Jan 2006)
- NOSA Service Award/Scholarship (Aug 2004)

**Publications:**

Pruitt JA. *The Management of Homonymous Hemianopsia Secondary to Hemispheric Ischemic Cerebral Vascular Accident. Accepted for publication by Review Optometry (July 2010).*

Rittenbach TL, Pruitt JA. A Roundup of Recently Approved Ophthalmic Drugs (and their Use in Practice.) *Rev Optom.* 2014. 151(2):22-28.

Pruitt JA. Management strategies for patients with AION. *Rev Optom.* 2011. 148(6):57-65.

Pruitt JA. Neuro-Optometric Rehabilitation Association Program Summary. *Optimum VA: The Official Newsletter of the National Association of VA Optometrists Summer 2010.*

Pruitt JA, Ilsen P. On the frontline: What an optometrist needs to know about myasthenia gravis. *Optometry* 81(9): 454-460.

Pruitt JA, Sokol T, Maino D. Fragile X Syndrome and the Fragile X-associated Tremor/Ataxia Syndrome. *Eye Care Review: Ophthalmology, Optometry, Opticianry* 4( 2): 17-23

**Posters/Presentations**

Pruitt JA. The Curious Case of the Functionally Legally Blind Patient with 20/25 (6/7.5) Visual Acuity. *Accepted into American Optometric Association Annual Meeting: Optometry's Meeting (2012) Poster Session.*



Pruitt JA, Prussing N. Successfully Treated Horizontal Diplopia Returns with Subsequent Traumatic Brain Injury. *Accepted into American Optometric Association Annual Meeting: Optometry's Meeting (2012) Poster Session.*

Pruitt JA, Prussing N. The Curious Case of the Functionally Legally Blind Patient with 20/25 (6/7.5) Visual Acuity. European Academy of Optometry and Optics Annual Meeting (2012) Poster Session.

Pruitt JA, Prussing N. Successfully Treated Horizontal Diplopia Returns with Subsequent Traumatic Brain Injury. European Academy of Optometry and Optics Annual Meeting (2012) Case Presentation Session.

Pruitt JA, Prussing N. Traumatic Brain Injury Resulting in Horizontal Diplopia Resolved 5 Years Later with 12 Weeks of Vision Therapy. Minnesota Optometric Association Annual Meeting (2012) Poster Session.

Pruitt JA, Wiley LM. Overcoming Mental Barriers in Visual Rehabilitation. American Optometric Association Annual Meeting: Optometry's Meeting (2011) Poster Session.

Pruitt JA, Prussing N. Traumatic Brain Injury Resulting in Horizontal Diplopia Resolved 5 Years Later with 12 Weeks of Vision Therapy. European Academy of Optometry and Optics Annual Meeting (2011) Poster Session.

Pruitt JA. Overcoming Mental Barriers in Visual Rehabilitation. European Academy of Optometry and Optics Annual Meeting (2011) Case Presentation Session.

Pruitt JA, Wiley LM. Overcoming Mental Barriers in Visual Rehabilitation. Minnesota Optometric Association Annual Meeting's (2011) Poster Session

Pruitt JA, Ilse P, Yeung C. Ptosis Crutch: Success Treating Myogenic Ptosis Secondary to Myasthenia Gravis. American Optometric Association (AOA) 2008 Optometry Meeting Poster Session

Pruitt JA, Ilse P. Ptosis Crutch: Success Treating Myogenic Ptosis Secondary To Myasthenia Gravis. Southeastern Congress of Optometry (SECO) 2008 Multimedia Poster Session

**Lectures and Other:**

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Nov 2016)

- Ptosis Crutch: Success Treating Myogenic Ptosis Secondary to Myasthenia Gravis
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Sept 2016)

- Visual Fields
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (July 2016)

- Ethical Concerns with Short-term Mission Trips
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (July 2016)

- Systemic Urgencies and Emergencies
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Mar 2016)

- Episcleritis, Scleritis, and Iritis
- CA Board of Optometry-approved CE

Illinois College of Optometry: Practice Opportunities Symposium (Mar 2011)

- Represented and presented on VA Optometry
- Participated in panel discussion on "Residency-trained Optometrists"

University of Minnesota: Pre-Optometry Club (Oct. 2010)

- Presentation on the profession of Optometry
- Presented and represented VA Optometry and NOA

Illinois College of Optometry: Capstone Ceremony (May 2010)

- Represented and presented on VA Optometry

Illinois College of Optometry: Practice Opportunities Symposium (Mar 2010)

- Participant in Residency-trained Speaker's Panel
- Represented and presented on VA Optometry

Illinois College of Optometry: White Coat Ceremony/Smart Business Program (Sept 2009)

- Participant on Recent Graduate Speaker's Panel