

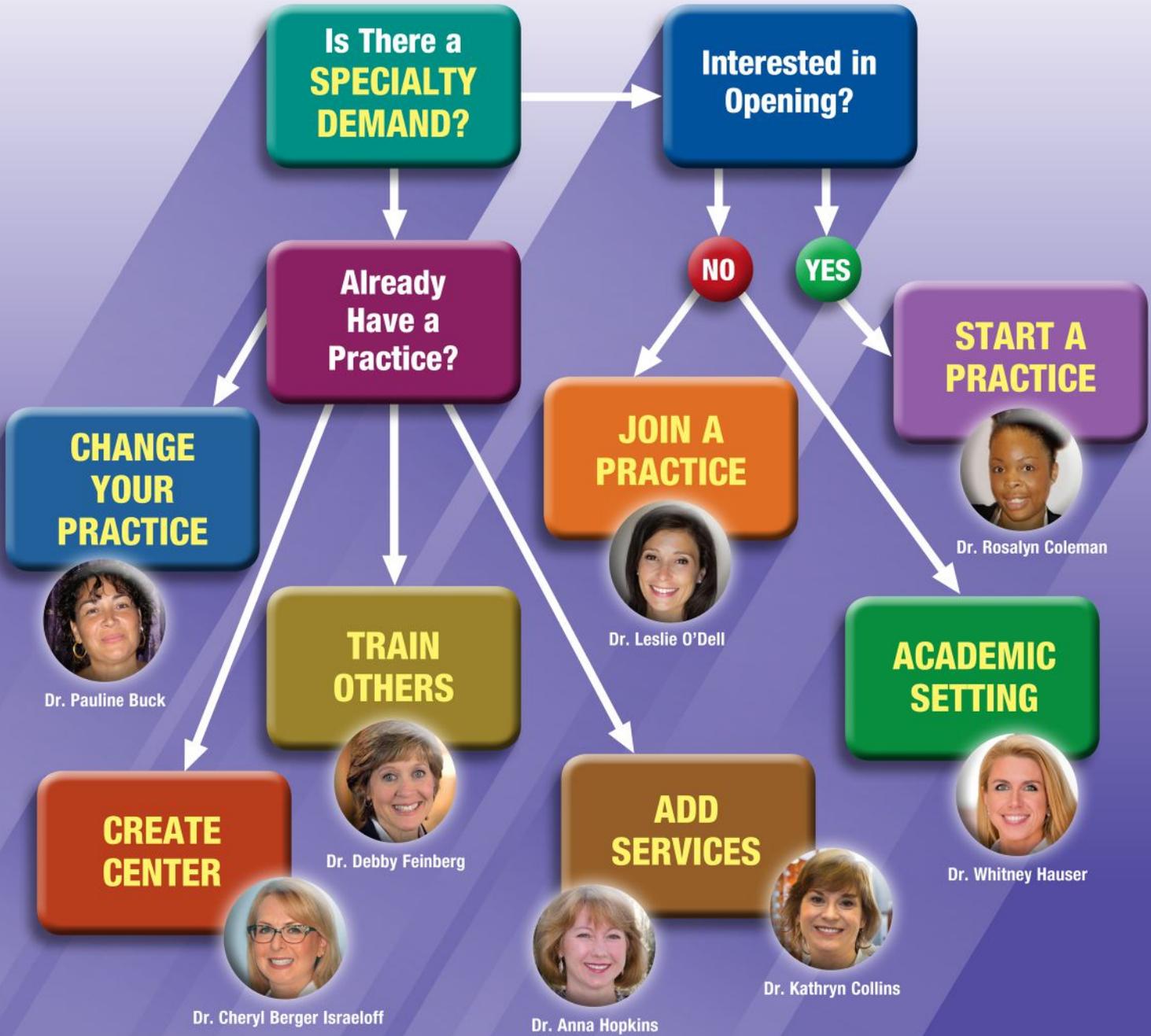


WOMEN IN OPTOMETRY®

DEDICATED TO THE INTERESTS OF WOMEN ODs

Should you Specialize?

Eight ODs share their paths



Determining Food Triggers Helped Resolve OD's Migraines

Now she incorporates epigenetic testing into her primary care practice

For most of her life, **Anna Hopkins, OD**, of Lancaster, Ohio, suffered from migraines. "A health center doctor in college was the first one who mentioned that certain foods might be triggering the migraines. He told me to keep a food diary, but it took me 20 years to figure it out."

The migraines stopped with menopause, so Dr. Hopkins began reintroducing some of those foods—such as bacon—into her diet. "I was recently diagnosed with high blood pressure, and that didn't make sense to me because I've never had that. In the meantime, she underwent a noninvasive genetic test, a cheek swab that mapped her methylation pathway. The results shouldn't have surprised her. All the foods that she suspected triggered her migraines were identified as problem foods for her. "If these foods triggered migraines, why was I surprised that reintroducing them was manifesting itself as high blood pressure?" Once she readjusted her diet, she's been medication-free. "As long as I stay away from things like ham sandwiches and pepperoni pizza, I'm good," she says.

She decided to introduce the option for genetic testing for her patients with chronic pain, such as migraines and other conditions

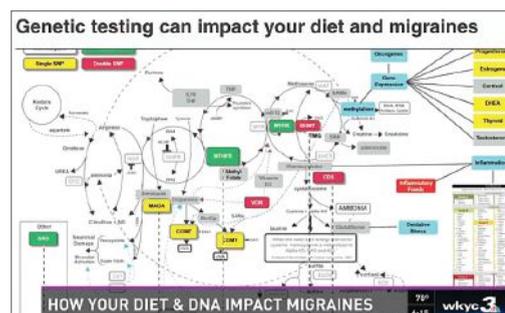


Dr. Hopkins

that result from an inflammatory process. "I'll see how receptive they are when I say that what we eat can make a difference in how our bodies work. I have brochures and posters in the office, and if someone seems interested, we'll talk about it more," she says.

She says she has had some impressive results. The wife of a patient with age-related macular degeneration (AMD) said that her husband's dementia was progressing and the doctors had started him on medications. Because of his dry eye and AMD, Dr. Hopkins recommended some ocular vitamins and the genetic testing. "When he came back in, he was doing much better, and the results of the genetic testing showed that he needed more D3," she says. The couple had stopped going outside because of his communication issues, and the lack of exposure to sunshine exacerbated the deficiency. "The most recent time I saw him, he drove himself in. He was a different person, and we were communicating without going through his wife. I would have been hard-pressed to say that he had dementia," she says.

She explains it to patients, saying that the body is "like an assembly line. If you are missing parts or adding pieces that do not fit, it



Optometrist **Scott Sedlacek, OD**, in Olmstead Falls, Ohio, was featured on WKYC TV talking about epigenetic optometry and migraines. Shown is methylation pathway map.

won't produce what it is supposed to produce very effectively. When poor food choices are made, it leads to chronic inflammation, among other things."

Dr. Hopkins says that in her 26 years of practice, she has been a big believer in letting patients talk. "I take a very complete history, and I feel that I get a pretty good overall view of the patient's health. It's important for me to know what problems they're dealing with," she says. While genetic testing is not a major part of her practice, it is an important component that she can offer, especially to those patients who struggle with some condition. **WO**

Opening as a Specialty Practice

OD starts with vision therapy practice to take control of her career

Rosalyn Coleman, OD, found herself in a variety of practice settings in the five years since her 2010 graduation from Southern College of Optometry (SCO),



Dr. Coleman

and each experience took her a step closer to starting her own practice. While that wasn't her original intention coming out school—she thought she might teach at an optometry school—Dr. Coleman ultimately came home to Atlanta to open Envision Therapy, her vision therapy office.

There is great responsibility with owning a practice, particularly one in a niche market, but "I felt the need to do it," Dr. Coleman says.

"Every day is scary, but I'm really glad that I branched out and took a risk. It's so much more satisfying and fun, and I like to have control of the decisions."

Dr. Coleman visited several locations that were for rent before finding the office she

picked, which offered the first 14 months rent-free. "It's been a great way to start my business, especially with me not providing primary care," she says. "I can focus on building my business and team, and I don't have the pressure of worrying about how I am going to pay the rent." The space was

also nearly ready to move into. The walls she needed were in place, a feature she says that she was happy to find since many other offices she considered were empty shells. Dr. Coleman repainted, added floor coverings and assembled

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Specialize for Success

While it can be intimidating to put all of your eggs in one basket, **Dr. Rosalyn Coleman** says that a distinctive specialty can help doctors survive the many upcoming changes in health care. "It can be a rat race in primary care, so if you are passionate about low vision or something else, just do it," Dr. Coleman says. "There are not enough ODs who specialize, and it's necessary. If you're motivated, you can specialize to help keep your business afloat." **WO**