

What is

MYOPIA Management?

Cheryl Chapman, OD, Diplomate ABO



76 year old eye. Prescription is -9.00. History of retinal detachment (superiorly), advanced glaucoma and myopic retinal degeneration. BCVA is 20/50 OU.

Our Qualifications

- **Dr. Cheryl Chapman, Diplomate ABO, OD** (member American Academy of Orthokeratology and Myopia Control, AAOMC) attends Vision by Design conference annually, gathering approximately 35-45 hours of continuing education on this topic each year.
- **Lecture and Education:** Dr. Chapman delivers lectures to optometrists and pediatricians both locally and statewide, including the Nebraska Optometric Association. She is available for educational speaking to the public via physician clinics, local libraries, schools, etc.
- **State-of-the-art technology:** Includes topographical corneal readings and quarterly axial length measurements to ensure desired control is achieved.

Dear Doctor,

- “Why are my child’s eyes getting worse?”
- “Is there anything we can do to **stop** her vision from getting worse?”
- “How old does he have to be before he can have LASIK?”

What is Myopia?

- **Myopia** or ‘near-sighted’ is the most common reason for blurry vision in individuals younger than age 40. A near-sighted eye has grown too long and light focuses in front of the retina. Myopia management aims to slow eye growth.

Slow progression of ‘Near-Sightedness’

- **Orthokeratology.** Overnight contacts that gently reshape the curvature of the cornea while sleeping. Non-surgical. Eliminates need for daytime contacts and glasses.
- **Soft Dual-Focus Contact Lenses.** Specially designed soft contact lenses worn daily that change how light is focused on the retina.
- **Low-Concentration Atropine Therapy.** When used at low concentrations, atropine is very effective at slowing progression of myopia *without* the undesirable effects of pupillary dilation seen at higher concentrations. We use this to help children who are not yet mature enough for contacts.