INVENTORY AND ROADMAP for American Academy of Optometry Glaucoma Section Diplomate Program Clinical Track Case Reports

Candidate: (NAME) _____

Mentor: (NAME) _____

Primary open-angle glaucoma and general glaucoma items	**CASE REPORT Core #**	**DATE Accepted**
Risk factor analysis		
a. Risk factors for conversion from non-glaucoma to glaucoma		
1. Ocular Hypertension present OR		
2. Ocular Hypertension not present		
b. Risk factors for glaucoma progression		
c. Risk factors for glaucoma-related blindness		
d. Quality of life impacts in glaucoma/important factors		
e. Review of demographic risk factors		
3. Age		
4. Gender		
5. Race/ethnicity		
f. Review of systemic health risk factors		
6. Relative strength of evidence		
7. Limitations in using these factors clinically		
g. Life expectancy: why is this important ?		
8. Methods to determine this metric		
9. Impact on glaucoma management decisions		
h. IOP		
10. Forms of tonometry		
11. Tonometry accuracy and precision (how much can we trust individual readings ? (repeatability/reproducibility)		
12. Factors affecting tonometry accuracy/precision		
13. Peak/trough/fluctuation of IOP revew		
14. 24-hr variation of IOP/when does peak occur ?		
15. Positional and patient behavior effects on IOP		
16. Relative importance of IOP asymmetry		

i. Gonioscopy

17. Techniques of gonioscopy _____
18. How does compression aid evaluation ? _____
19. Indications/Frequency of testing _____
20. Important/critical findings _____
21. Adjunct role of UBM and AS-OCT _____

j. Visual field testing: every case needs detailed description of visual field testing for that case but extensive discussion on each topic below only need occur in one of the case reports

22. Types of VF testing/strategies _____
23. Strengths/limitations of VF testing _____
24. Interpretation of visual fields _____
25. Role of 10-2 VF testing in glaucoma _____
26. Identifying glaucomatous VF loss (vs. no loss vs other forms of VF loss) _____
27. Issues associated with frequency of testing _____
28. Identifying presence & rate of glaucomatous VF progression _____

k. Optic nerve evaluation: every case needs detailed description but only one case needs to go into extensive detail about the specific topics below

*Types/strengths/limitations of structural testing/strategies

i. Clinical optic nerve evaluation _____

29. Types of clinical optic nerve abnormalities _____
30. Methods to identify abnormalities _____
31. Intra- and inter-observer variability _____
32. Role of disc size in assessing optic nerve health _____
    a. Discrepancy between clinical estimates and SD-OCT microstructural estimates of disc size _____
    b. Disc hemorrhage: characteristics/ relationship to disease _____
    c. Role of peripapillary atrophy _____
    d. Current knowledge of optic nerve biomechanics and evolution of glaucomatous optic neuropathy _____
    e. Changes in optic nerve morphology with progressive glaucoma _____

ii. High-tech imaging of the optic nerve: strengths/limitations _____

f. Artifacts: causes/remedies _____
g. False positives/false negatives _____
h. Strategies to measure optic nerve parameters including rim width _____
i. Patterns of RNFL damage _____
j. Micro-anatomy of peripapillary atrophy on OCT/OCT-A _____

33. High tech imaging of the retinal nerve fiber layer
    a. Artifacts: causes/remedies _____
    b. False positives/false negatives _____
    c. Strategies to measure RNFL _____
    d. Role of asymmetry _____
    e. How to evaluate/interpret longitudinal change in RNFL _____
34. High-tech imaging of the macula _____
    a. Strategies for using macular thickness for glaucoma _____
    b. Strengths/limitations of macular structure for glaucoma _____
        i. Diagnostic capability _____
        ii. Reproducibility _____
        iii. Effects of retinal/macular disease on scans _____
35. Correlation of structure/function and structure/structure _____
    a. Clinical confidence linked to correspondence _____
    b. Frequency of discordance _____
    c. Sources of discordance _____
    d. Implications of discordance _____
36. Issues associated with frequency of testing _____
37. Identifying presence and rate of glaucomatous structural progression _____
38. How does age affect structure over time _____

l. Treatment

39. When to treat _____
40. Considerations for observation vs. treatment _____
41. How to initiate or advance glaucoma treatment _____
42. Considerations regarding treatment choices _____
43. Medical agents _____
    a. Benefits/side effects/contraindications _____
    b. Mechanisms _____
    c. Indications _____

d. Issues related to adherence/persistence/ ability to successfully instill drops into eyes _____
e. Comorbidities associated with treatment _____
f. Laser trabeculoplasty _____
    i. Types _____
    ii. Mechanisms _____
    iii. Indications _____
g. Invasive surgical options _____
    i. Trabeculecomy vs. tube shunt _____
    ii. MIGS options _____

m. Staging of disease: what methods are available to stage disease _____
    iii. Advantages and disadvantages of various systems _____
    iv. How does disease stage impact glaucoma decision-making _____
    v. Are there discrepancies between ICD-10 staging codes and clinical assessment of stage ? _____

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN ANGLE CLOSURE CASE REPORTS

a. Epidemiology _____
b. Known mechanisms/course of disease/plateau iris status _____
c. Associated demographics _____
d. IOP-related characteristics _____
e. Anterior segment characteristics _____
f. Drainage angle characteristics _____
g. Structure/function relationships specific to angle closure _____
h. Specific treatment options _____
i. Follow-up care/prognosis _____

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN PSEUDOEXFOLIATION GLAUCOMA CASE REPORTS

a. Epidemiology _____
b. Known mechanisms/course of disease/plateau iris _____
c. Associated demographics _____
d. IOP-related characteristics _____
e. Anterior segment characteristics _____
f. Drainage angle characteristics _____
g. Structure/function relationships specific to angle closure _____
h. Specific treatment options _____
i. Follow-up care/prognosis _____

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN PIGMENTARY GLAUCOMA/DISPERSION CASE REPORTS

a. Epidemiology _____
b. Known mechanisms/course of disease/plateau iris _____
c. Associated demographics _____
d. IOP-related characteristics _____
e. Anterior segment characteristics _____
f. Drainage angle characteristics _____
g. Structure/function relationships specific to angle closure _____
h. Specific treatment options _____
i. Follow-up care/prognosis _____

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN SECONDARY GLAUCOMA CASE REPORTS

a. Epidemiology _____
b. Known mechanisms/course of disease/plateau iris _____
c. Associated demographics _____
d. IOP-related characteristics _____
e. Anterior segment characteristics _____
f. Drainage angle characteristics _____
g. Structure/function relationships specific to angle closure _____
h. Specific treatment options _____
i. Follow-up care/prognosis _____