

Local Doctor Focuses On Children's Vision

By ELENA EPSTEIN
Special to the Outlook

Children's vision should be tested long before they are able to talk or identify letters or shapes on an eye chart, according to Dr. Mark Borchert, a La Cañada Flintridge resident and head of the Division of Ophthalmology at Childrens Hospital Los Angeles. Since many vision problems become less treatable with each passing year, the earlier a problem is detected improves the chances of saving the child's eyesight.

Childrens Hospital Los Angeles is home to perhaps the largest pediatric ophthalmology program in the United States, where physicians treat many complex forms of eye disease, including cancer and cornea and retinal disorders. Childrens Hospital also treats many young children facing permanent vision loss that could have been prevented if only they had received the needed treatment just a few months earlier.

"Vision disorders significantly impact a child's ability to explore the environment, learn and develop relationships with family and friends," said Dr. Borchert, who is also an associate professor of clinical ophthalmology and neurology at University of Southern California's Keck School of Medicine. "Parents play a key role in ensuring proper eye care for their children."

According to Borchert, who is also the director of both the Eye Birth Defects Institute and the Eye Technology Institute within the Vision Center at Childrens Hospital, there are some important guidelines that parents must follow to better understand common eye problems and how to best treat them:

- Primary physicians must perform basic tests on the eyes of infants and toddlers during well-child visits to ensure the eyes look straight and they reflect light



Dr. Mark Borchert (left), a La Cañada Flintridge resident, is the ophthalmology head at Childrens Hospital Los Angeles.

equally. Pediatricians should perform a dilated eye exam to detect any serious eye problems within the first two months of life.

- Parents should take flash photographs of their infants without using the red-eye reduction feature on their camera. "This is a very simple way to detect vision problems in pre-verbal children, Borchert said. "If the photo shows one eye red and not the other, it could be an indication that there is some abnormality in the eye. If this happens several times, parents should have their child's eyes examined by a pediatric ophthalmologist."

- Cross-eyes are not typically self-correcting. A misalignment of eyes is one of the most common vision problems in children, affecting about 4% of youngsters under age 6. When children are born, they are unable to use both eyes together. In order for the brain to develop this skill, the vision in both eyes should be about equal and both eyes must be looking at the same thing at the same time. Learning to use both eyes together begins by two to three months of age and the majority of the development of the binocular vision in the first year of life. If a

child's eyes are not straight in the first year of life, depth perception will be diminished.

"If your child has cross-eyes at three months of age and you wait until one year of age to seek treatment, you have lost the critical window of opportunity for the brain to learn to use both eyes simultaneously," Borchert said. In many cases, children with cross-eyes can be treated with glasses, which they eventually outgrow. But for treatment to be successful, early intervention is the absolute key.

- Tear duct obstruction, in the majority of cases, is self-correcting.

Twelve percent of children are born with this problem and in 95% of cases, the problem resolves without any medical intervention. The best treatment, Borchert said, "is preventing the tear sac from building up too much pressure by gently squeezing it against the side of the nose with your little finger to express accumulated mucous back onto the surface of the eye. From there it can be wiped away

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Ford Named Vice Dean at USC's Keck School of Medicine

Henri R. Ford, M.D., a La Cañada Flintridge resident who is vice president and chief of surgery at Childrens Hospital Los Angeles and professor of surgery at the Keck School of Medicine of the University of Southern California, has accepted additional responsibilities as vice dean for Medical Education at Keck. The announcement was made by Carmen A. Puliafito, dean of the Keck School of Medicine.

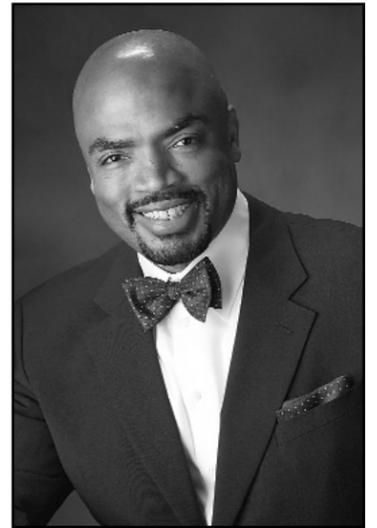
"I am deeply honored to have been selected to serve as the vice dean for Medical Education at the Keck School," said Ford. "I recognize the magnitude of the task at hand and the significance of this position. What could be more important to the mission of the school of medicine than the education of its medical students?"

Ford replaces Dr. Clive Taylor, who had served as senior associate dean for Educational Affairs with distinction since 1997.

"Dr. Ford has shown exceptional leadership as vice president and chief of surgery at Childrens Hospital Los Angeles," said Puliafito. "As a professor in the Department of Surgery at the Keck School of Medicine, he has been an important role model for young physicians and medical students. Together, these outstanding traits will help Dr. Ford advance the medical school's educational mission.

"Working closely with faculty leaders and me," Puliafito said, "Dr. Ford will promote excellence in medical education as one of the highest priorities of the Keck School."

In his new role, Ford counts among his early priorities developing a strategic plan for medical education, reviewing and revising the Year III/IV medical student curriculum, strengthening research opportunities for medical students, increasing the proportion of students who spend a fifth year doing full-time research and developing



Dr. Henri Ford

new sources for medical student financial aid.

"My predecessor, Dr. Taylor, has done a magnificent job as a senior associate dean for Educational Affairs over the past decade," said Ford, "...and I hope to build on the strong foundation he has created and work with the outstanding staff that he has assembled to achieve much more in the years to come.

"It is my hope that the Keck School of Medicine will not only attract and train the best medical students in the country, but also become the training ground for future leaders of American medicine."

Prior to his appointment at Childrens Hospital Los Angeles in January 2005, Ford was professor and chief of the Division of Pediatric Surgery and surgeon-in-chief at Children's Hospital of Pittsburgh and the University of Pittsburgh School of Medicine.

Ford is a leading authority on pediatric trauma, and his scientific studies have generated novel insights into the pathogenesis of necrotizing enterocolitis, the most common and most lethal disease affecting the gastrointestinal tract of newborn infants.

Ford has been active on local and national professional and scientific committees. He is a member of the American Surgical Society and past president of the Association for Academic Surgery. He also serves in various leadership roles with the Society of University Surgeons, the Society of Black Academic Surgeons, the Surgical Infections Society, the American College of Surgeons and the Eastern Association for the Surgery of Trauma.

Ford has been an oral board examiner for the pediatric certifying examination for the American Board of Surgery since 1999. The National Institutes of Health and various other governmental agencies have funded his research.

He is the author of more than 300 publications, book chapters, invited manuscripts, abstracts and presentations.

Ford has served on the editorial board of numerous professional publications, including Pediatric Critical Care Medicine (2001-04),

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FORD

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Surgery (2001-04), the Journal of Surgical Research (2001-04), Surgical Infections (1998-present), Journal of Pediatric Surgery (2005-present) and Pediatric Surgery International (2005-present).

He has been an ad hoc reviewer for numerous other professional publications, including Clinical Gastroenterology and Hepatology, the Journal of Leukocyte Biology, the Canadian Journal of Gastroenterology, Cancer Detection and Prevention, the Journal of the American Medical Association, Gastroenterology, the American Journal of Physiology: Gastrointestinal & Liver Physiology, the Journal of Trauma, the Journal of Immunology, Shock, the Journal of Surgical Research, Digestive Diseases, the Journal of Pediatric Surgery and the Archives of Surgery.

Ford is a fellow of the American Association for the Surgery of Trauma, the American Surgical Association, the American Academy of Pediatrics and the American College of Surgeons. He received a bachelor's degree in public and international affairs, cum laude, from Princeton University in 1980 and an M.D. from Harvard Medical School in 1984.

Ford completed his internship (1984-85) and residency (1985-87; 1989-91) in general surgery at New York Hospital Cornell Medical College. He completed a research fellowship in immunology (1987-89) in the Department of Surgery at the University of Pittsburgh and a clinical fellowship (1991-93) in pediatric surgery at Children's Hospital of Pittsburgh.

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with facial tissue." Eyelashes crusted with dried mucous can be wiped clean every morning with a warm damp cloth. If the tear sac swells too much, germs from the sac can break through into the skin, causing an infection of the skin on the side of the nose with redness, swelling and tenderness. Such an infection needs to be treated immediately by a doctor. If infection is avoided, the tear duct, which allows the tears to drain from the eyes into the nose, usually opens naturally by one year of age. Continued tearing beyond this age should be evaluated by an ophthalmologist.

* Reading problems are rarely caused by vision problems. There are many "developmental optometrists" selling "eye exercises" to parents, believing this will make their child a better reader, Borchert said. Parents need to know that vision training will not affect or improve a child's reading or academic performance.

"I have seen many parents with children who have dyslexia or other learning differences and who falsely believe that certain eye exercises will cure their child," Borchert said. "What these children need are tutors, not eye doctors."

Author Elena Epstein is a freelance writer and the Community Education Consultant with Childrens Hospital Los Angeles.

YMCA

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For additional information, contact Nancy Turney at nturney@ymcacc.org or call 790-0123 ext. 225.

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Italian Cooking for Kids (ages 10-16) class will be Oct. 4 from 4 to 6 p.m.

Children are given the opportunity to learn how to cook delicious Italian food through demonstration. They will learn how to prepare rosemary breadsticks, traditional lasagna and chocolate chip hazelnut cookies and sample the delicious results.

The fee is \$33 for YMCA members and \$54 for community members.

For additional information,

contact Ana Marie Schaefer at amschaefer@ymcacc.org or call 790-0123 ext. 231.

The Crescenta-Cañada YMCA offers on-site and outreach programs that help the entire family enjoy healthier, more active lifestyles focusing on the development of spirit, mind and body. Activities include sports programs, summer camps, preschool, after school programs, a variety of exercise classes, senior wellness programs, extensive offering of aquatics programs, yoga, pilates and a state-of-the-art workout facility. For additional information, contact Kim Beattie at (818) 790-0123 ext. 266 or at kbeattie@ymcacc.org.

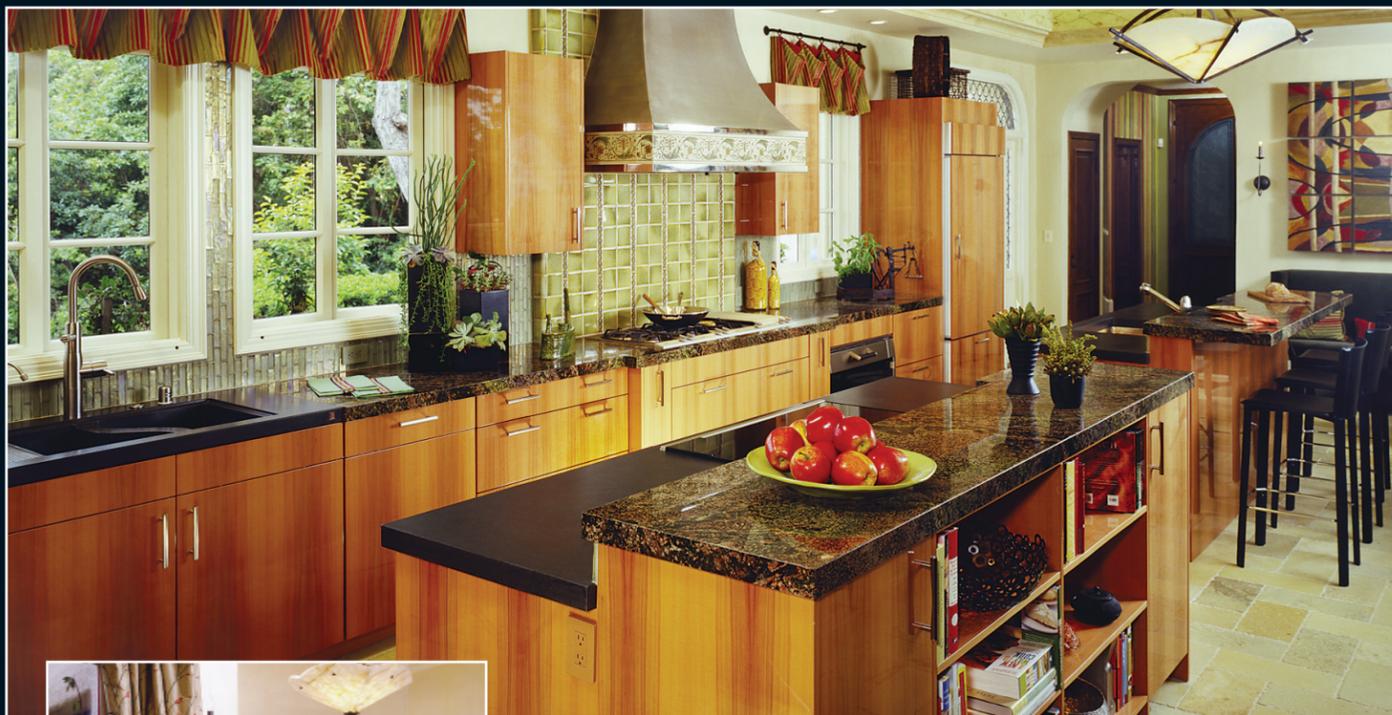
Local T.B. Testing



Photo courtesy Dale Storz
Michiko Hartzberg, a local resident who volunteers at Paradise Canyon Elementary School, received her T.B. test from Linda Greenwood, a registered nurse and infection control practitioner.



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