



OPTOMETRIC EXTENSION PROGRAM
FOUNDATION

Held under the auspices of the
Optometric Extension Program Foundation

MIDDLE ATLANTIC CONGRESS OF OPTOMETRY

PRESENTS

Geoffrey Heddle, OD • Mark Gordon, OD • Gregory Kitchener, OD
Paul Harris, OD • Steve Gallop, OD

The Role of the Visual Process in Athletic Performance

Hotel Information

DoubleTree by Hilton Hotel
Pittsburgh - Green Tree
500 Mansfield Avenue, Pittsburgh, PA 15205
Phone: 412-922-8400

Group Name:
MID ATLANTIC OPTOMETRIC CONGRESS

Group Code:
MID

Saturday & Sunday, November 4-5, 2017

PITTSBURGH, PENNSYLVANIA

The primary purpose of the visual process is to direct action. Few things say action like sports. Athletes, from the pros to the child struggling to get started in soccer or t-ball, play better and have more fun when their visual development is enhanced. Practical advice on evaluation, the importance of visual performance and tips on sports oriented vision therapy are on this year's program.

Speakers

Geoffrey Heddle, OD



Dr. Heddle is a 1998 graduate of the Indiana University School of Optometry. Professionally, he has worked in a Primary Care setting, practicing from a Behavioral model, and offering vision therapy services to his patients.

Because of his passion for sports, Dr. Heddle tries to stay involved in working with athletes on all levels, and in all sports. His experiences vary from AAU sports, to Special Olympics to professional athletes, and inevitably, those who shy away from sports for lack of visual proficiency. Dr. Heddle's time as an athlete has afforded him a deeper insight into the relationship between the visual process and sports, and an enhanced ability to understand and work with athletes.

Dr. Heddle teaches a Regional Clinical Seminar on Sports Vision under the auspices of the Optometric Extension Program Foundation.

Mark Gordon, OD, FCOVD



Dr. Mark J. Gordon attended the Pennsylvania College of Optometry. He graduated in 1984 with a citation for "clinical excellence". While at PCO, Dr. Gordon also attended night school at LaSalle College where he earned an MBA in Health Care Administration (1984). Dr. Gordon is a board-certified specialist in vision therapy and vision development and a Fellow in the College of Optometrists in Vision Development (1998). Dr. Gordon holds undergraduate degrees from Rochester Institute of Technology and Montclair State College of New Jersey.

Dr. Gordon has a home office where he has a private vision therapy only practice in the Buffalo, NY area. He has worked extensively with children with learning challenges and adults with autistic spectrum disorders. He sees many patients recovering from head trauma, stroke and concussion, as well as many professional athletes.

Schedule

SATURDAY NOVEMBER 4, 2017

9:00 - 10:40am

Mark Gordon, OD
What Makes an Athlete/
Visual Skills and Winning

10:40 - 11:10am

Break with Exhibitors

11:10 - 12:00pm

Gregory Kitchener, OD
Athletic Performance:
Through the Eyes of
the Visual Process

12:00 - 1:30pm

Lunch and Exhibits

1:30 - 3:10pm

Geoff Heddle, OD
Sports Vision Testing Without Home
Field Advantage

3:10 - 3:40pm

Break with Exhibitors

3:40 - 5:20pm

Paul Harris, OD
Sports Vision Testing/Treatment
at University of Memphis (Part 1)

SUNDAY NOVEMBER 5, 2017

9:00 - 9:50am

Steve Gallop, OD
Vision Therapy:
What Is It Good For?

9:50 - 10:20am

Break with Exhibitors

10:20 - 11:10am

Paul Harris, OD
Sports Vision Testing/Treatment
at University of Memphis (Part 2)

11:10 - 12:00pm

Geoff Heddle, OD
What Makes Sports VT, Sports VT?

12:00 - 1:30pm

Lunch and Exhibits

1:30 - 3:10pm

Mark Gordon, OD
Enhancing the Visual Process
for Sports Performance

Registration

Name _____

Preferred badge name _____

Address _____

E-mail _____

Number of guests and names _____

OE Tracker # _____

FEES

Standard Registration **\$350**

OEP Clinical Associate Optometrists
and Vision Therapists **\$325**

Residents **\$150**

Current optometry school students are complimentary but must RSVP.

TOTAL ENCLOSED

Charge payments:

Visa Mastercard Discover American Express

Account # _____ Exp. _____

Signature _____

Send form and check, or fax registration to:

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Timonium, MD 21093

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