

Co-Management Conundrums: Practical Solutions for Managing Complex Patients

2 hours

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Course Overview

Optometrists frequently encounter challenging clinical presentations that create uncertainty regarding diagnosis, treatment, referral, and co-management. This course presents seven common “co-management conundrums” through real-world case studies and practical clinical pearls. Attendees will learn how to approach unusual presentations with confidence, improve diagnostic skills, strengthen referral relationships, and appropriately manage patients while recognizing their own limitations.

Learning Objectives

Upon completion of this course, participants should be able to:

1. Identify clinical findings that require additional investigation before referral.
 2. Develop systematic approaches to evaluating unusual or complex ocular presentations.
 3. Improve patient management through effective observation, history-taking, and follow-up.
 4. Determine when treatment can be initiated safely within the optometric practice setting.
 5. Recognize situations requiring referral or co-management with other healthcare providers.
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Foundations of Successful Co-Management

Five Basic Principles

- Dilate patients when indicated.

- Investigate vision loss not correctable to 20/20.
- Do not miss glaucoma; abandon reliance on the “magic” IOP number of 21 mmHg.
- Develop relationships with specialists who enhance patient care.
- Arrange and document referrals, testing, scans, and follow-up appointments.

The Balancing Act

- Avoid over-referring.
 - Understand your limitations.
 - Build confidence through systematic evaluation and observation.
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Conundrum 1: If You Don't Observe It, You Can't Manage It

Observation as a Clinical Skill

Many diagnoses are missed because subtle clinical findings are overlooked.

Case Study: Fuchs Heterochromic Iridocyclitis

Key findings:

- Subtle heterochromia
- Iris atrophy
- Stellate keratic precipitates

Clinical pearls:

- Laboratory testing is often unhelpful.
- Diagnosis is frequently delayed.
- Management focuses on associated glaucoma and cataract development.

Improving Observation Skills

- Grade cell and flare separately.
- Measure pupils accurately.
- Evaluate lid apertures and proptosis.
- Document lesions and corneal abnormalities.
- Assess for rubeosis.

Take-Home Message

Avoid relying solely on default electronic health record templates. Careful observation saves vision—and sometimes lives.

Conundrum 2: Don't Be Afraid to Tackle Stranger Things

Managing Unusual Presentations

An unfamiliar presentation does not automatically require immediate referral.

Trauma Cases

Orbital Trauma

- Evaluate visual acuity accurately.
- Assess motility carefully.
- Identify signs of orbital fractures.
- Communicate meaningful findings to specialists.

Pediatric Hyphema Case

Seven-year-old patient:

- Traumatic hyphema
- Elevated IOP
- Limited fundus view

Management considerations:

- Utilize B-scan ultrasonography when visualization is compromised.
- Follow patients closely.
- Monitor for secondary complications.

Key Clinical Pearls

- High intraocular pressure does not always require immediate referral.
 - Maintain a “first-aid kit” of glaucoma medications.
 - Significant pain does not always indicate severe disease.
 - Children can often be managed successfully in-office.
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Conundrum 3: Panic Leads to Bad Decisions

Avoid Reflexive Referrals

Panic often leads to:

- Missed diagnostic opportunities
- Incomplete examinations
- Poor communication
- Inadequate follow-up

Red Eye Evaluation Strategy

Every red eye deserves:

- Thorough history
- Assessment of ocular motility
- Evaluation for preauricular lymphadenopathy
- Lid eversion

Case Study: Preseptal Cellulitis

Patient presentation:

- Severe redness
- Lid swelling
- Significant discomfort

Clinical lessons:

- Work systematically.
- Reassess daily when necessary.
- Track clinical improvement.
- Consider non-ocular sources of infection.

Diagnostic Detective Work

A recurrent cellulitis case ultimately originated from a dental infection discovered through cone-beam CT imaging.

Take-Home Message

Calm assessment frequently uncovers answers that panic obscures.

Conundrum 4: Patients Are Terrible Historians

Become a Detective

Patients often omit critical information.

Strategies:

- Ask questions multiple ways.
- Revisit history throughout the encounter.
- Involve family members when appropriate.
- Communicate clearly when co-managing care.

Case Examples

Sudden Vision Loss

Initial history:

- No trauma
- No injury
- No explanation

Further questioning revealed:

- Extensive history of physical altercations.

Sector Injection Following Cataract Surgery

Differential diagnosis:

- Episcleritis
- Scleritis
- Rebound iritis
- Conjunctival abrasion

Final diagnosis emerged only after obtaining additional history regarding recent trauma from tree branches while walking a dog.

Key Lesson

The diagnosis is often hidden within the history.

Conundrum 5: Pick and Poke

Foreign Body Management

Optometrists should be comfortable evaluating and removing many corneal foreign bodies.

Case Study: Missed Metallic Foreign Body

Patient:

- Roofer

- Foreign body sensation
- Multiple previous examinations
- Persistent symptoms

Evaluation Pearls

- Evert lids.
- Examine in all positions of gaze.
- Determine foreign body type:
 - o Metal
 - o Plastic
 - o Organic material
 - o Unknown

Common Reasons for Unnecessary Referral

- Foreign body appears deep.
- Foreign body lies near the visual axis.
- Patient discomfort.
- Diagnostic uncertainty.

Equipment Considerations

Practices should maintain appropriate instrumentation and supplies to facilitate foreign body removal.

Take-Home Message

Develop confidence and technical skills before automatically referring these cases.

Conundrum 6: Don't Ignore the Watery Eye

The Case of the Running Eye

A patient presenting with tearing may have significant lacrimal drainage pathology.

Clinical Evaluation

Always ask:

- “Do tears run down your face?”

Distinguish:

- Reflex tearing
- True epiphora

Lacrimal Assessment

Evaluate:

- Punctal position
- Punctal size
- Apposition to globe

Perform:

- Dilation
- Irrigation
- Localization of obstruction

Expanding Clinical Services

Consider incorporating:

- Lacrimal dilation
- Irrigation procedures
- Basic lacrimal system evaluation

Take-Home Message

Watery eyes represent an opportunity, not a nuisance.

Conundrum 7: Don't Fear Double Vision

Diplopia Evaluation

Many clinicians become uncomfortable when patients present with new-onset diplopia.

Case Study

Young adult presenting with:

- Eyelid swelling
- Motility restriction
- Diplopia

Myasthenia Gravis Pearls

- May mimic virtually any extraocular muscle palsy.
- Approximately 75% of patients initially present with ocular symptoms.
- Represents a neurologic disease rather than a primary ocular disorder.
- Modern treatment options extend beyond anticholinesterase medications.
- Evaluation should include consideration of thymic abnormalities.

Clinical Pearl

“New-onset vertical diplopia in an adult is myasthenia gravis until proven otherwise.”

Diagnostic Tools

- Parks Three-Step Test
 - Motility evaluation
 - Targeted neurologic assessment
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Summary: Seven Keys to Solving Co-Management Conundrums

1. Observe carefully.
2. Don't fear unusual presentations.
3. Stay calm and think systematically.
4. Become a better historian and detective.
5. Develop procedural confidence.
6. Embrace lacrimal evaluations.
7. Approach diplopia methodically.

Final Take-Home Message

The most successful co-managers are not those who refer the most patients—they are the clinicians who gather complete information, think critically, communicate effectively, and know when intervention or referral is truly necessary.