

S P R I N G / S U M M E R 2 0 2 3



SCOPE



**Something
More Scholarly**

107th ACA: Carlsbad



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president's letter

HOPE EVERYONE WHO ATTENDED our meeting in Carlsbad, California last month had a great time. The Education committee did an outstanding job putting together an excellent educational program.

We also had our first annual golf tournament at the Avaira golf course. All the available spots for golf were taken. There were prizes for closest to the pin, longest drive, and longest putt. There was also a raffle for concert tickets and a week resort vacation! Congratulations to the winning team of Preston Imhof, Justin Imhof, Jeff Sparks, and Matt Ericksen.

We plan on having the golf tournament as an annual event at our Annual Clinical Assembly from now on. Next year will be at Arcadian Shores course in Myrtle Beach.

Around the country we are seeing more and more Scope of Practice issues. Most recently, the State of Washington passed an expansion of optometric privileges, including laser and minor surgical procedures. Optometry has a well-organized lobby, and is trying to legislate their expansion of privileges. This is typically done by convincing state legislators that a weekend course is just as good as training for 3 or 4 years in residency! My state of Ohio will also be introducing similar legislation later this year. Early intervention by our members and college seems to be the most effective way to stop this type of legislation. Become active in your state subspecialty organizations, and contact your local representatives to oppose these types of initiatives.



Best,

A handwritten signature in black ink that reads "Robert Peets". The signature is written in a cursive, flowing style.

Robert Peets DO

New Trends and Strategies

By Ralph McClish

OPTHALMOLOGY and otolaryngology are two medical specialties that focus on the diagnosis and treatment of eye and ear, nose, and throat (ENT) conditions, respectively. As with any medical specialty, specific business practices are trending in these fields. This article will explore some of the current ophthalmology and otolaryngology business practices that are gaining popularity.



Ophthalmology Business Practices:

1. Telemedicine - With technological advancements, telemedicine has become a popular trend in ophthalmology. It allows ophthalmologists to provide remote consultations, monitor chronic conditions, and offer remote diagnosis and treatment. Telemedicine also helps to reduce costs, increase efficiency, and improve patient outcomes.

2. Digital Marketing - Digital marketing has become essential to any medical practice, and ophthalmology is no exception. Social media platforms such as Facebook,

Instagram, and Twitter can be used to promote ophthalmology services and increase brand awareness. Ophthalmologists can also create informative and engaging blogs, newsletters, and videos to educate patients about eye health.

3. Practice Consolidation - In recent years, there has been a trend toward consolidation in ophthalmology practices. This involves merging several practices into one larger entity to increase efficiency and reduce costs. Consolidation can also attract more patients and expand the range of services offered.

4. Specialty Clinics - Many ophthalmologists are now opening specialty clinics to cater to specific eye conditions such as glaucoma, cataracts, and retina disorders. Specialty clinics can help ophthalmologists to provide more targeted care, improve patient outcomes, and increase revenue.

Otolaryngology Business Practices:

1. Office-Based Procedures - There has been a trend toward performing more procedures in the office than in the hospital. This can reduce costs, improve efficiency, and increase patient convenience. Office-based procedures include allergy testing, laryngoscopy, and ear tube placement.

2. Physician Extenders - Otolaryngologists increasingly use physician extenders, such as nurse practitioners and physician assistants, to help manage patient care. Physician extenders can help to increase efficiency, improve patient access, and reduce costs.



3. Sleep Apnea Treatment - Sleep apnea is a common condition that can be treated by otolaryngologists. There has been a trend toward offering sleep apnea diagnosis and treatment services in otolaryngology practices. This can help to increase revenue and improve patient outcomes.

4. Value-Based Care - Value-based care is an approach that focuses on improving patient outcomes while reducing costs. Otolaryngologists are increasingly adopting this approach to provide high-quality care while controlling costs. Value-based care can help improve patient satisfaction and outcomes while increasing revenue.

In conclusion, ophthalmology and otolar-

ngology are two medical specialties that are constantly evolving. As technology advances and healthcare policies change, ophthalmologists and otolaryngologists must stay updated with the latest business practices. By adopting new trends and strategies, medical practices can improve patient outcomes, increase revenue, and remain competitive in an ever-changing healthcare landscape.

Individuals looking to organize a union have rights and protections under the law and cannot be penalized for forming, joining, or assisting a union at the workplace. For more information about how to organize a union, visit www.uapd.com or call 1-800-585-6977. □

The Peek-a-boo Lens

By Ralph P. Crew, D.O., FAOCO, Lewis Macdonald

Introduction

A 71-year-old female had residual inferior corneal edema for three months after uneventful cataract surgery. During this time the patient had undergone multiple exams by several practitioners. No cause was evident. Her symptoms included blurred vision, epiphora and eye pain. She was treated with prednisolone acetate, artificial tears and bromfenac for an extended period. Her symptoms gradually improved but by three months post-operatively she continued to have mild inferior corneal edema, photophobia, pain, epiphora and scratchiness. Exam at that time revealed vision of 20/40, a retained lens fragment in the inferior angle and overlying corneal edema. The patient was taken to the operating room where the fragment was removed without any complication. One week later her symptoms had largely resolved. Only a small amount of corneal edema remained. Three weeks later her vision had improved to 20/25+ with refraction. A small area of endothelial haze was present.

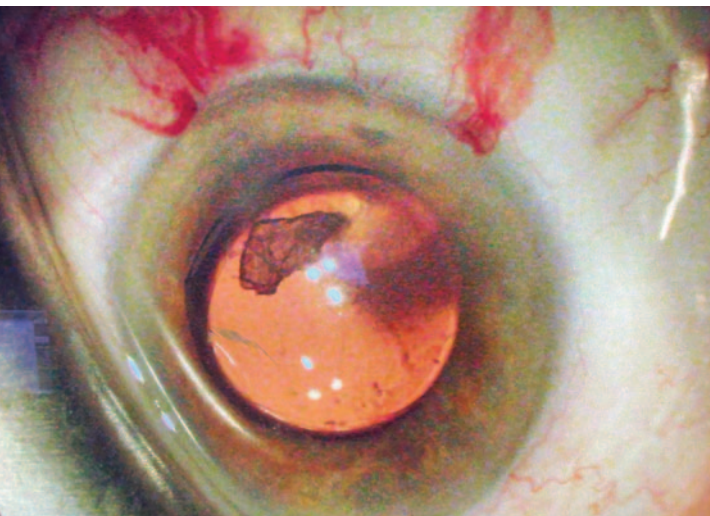
Discussion

Subsequent to cataract surgery by phacoemulsification, small lens fragments may remain in the eye¹. Phacoemulsification fractures the lens into small pieces which can rapidly distribute within the anterior segment.² Lens fragment retention can occur in both horizontal chop or divide and conquer techniques. After surgery the pieces of lens can sequester in the anterior or posterior

chambers, capsular bag or vitreous cavity and often result in patient morbidity.³ This morbidity can vary from mild blurred vision and discomfort to significant corneal edema, inflammation, glaucoma, cystoid macular edema and retinal detachment.^{2,3} The incidence varies from 0.1 to 1.5% of cataract surgeries.^{2,4,6-8} Most cases are discovered within the first week after surgery but there are reports of presentations years later.² When discovered, they are removed and the patient's symptoms usually improve. It is the authors opinion that these particles are more likely to occur in denser, "hard" cataracts. In a paper by Moshirfar the mean age of patients with retained fragments was 76 years versus a control of 63 years. But, in the same paper, the density of 13 of 24 cases was described as only 2 out of 4 on the Lens Opacities Classification System. He also suggests that the incidence has declined over time suggesting that surgical techniques are improving. Most fragments are found in the inferior angle of the anterior chamber (92%).^{2,5,9} There is no sex predilection.² An association with smaller anterior chamber depths and thicker lenses has been found.² Several procedures are recommended at the end of cataract surgery to try and liberate hidden cataract material to prevent retention. They are not always successful.

Summary

Retained nuclear lens fragment is a well-known complication of cataract surgery. In most situations it is discovered within a few



weeks of surgery and removed without residual disability. This patient is unique in that she had symptoms for 3 months before the remaining material was discovered. Our conjecture is that the particle migrated between the anterior and posterior chambers due to patient head positioning. During our early exams it must have been in the posterior chamber, not visible by slit lamp examination. In the interim the lens fragment migrated into the anterior angle precipitating corneal edema and discomfort. It is important for both surgeons and optometrists to consider not only an anterior chamber retained lens fragment, but also a migrating lens fragment as a cause of prolonged sectoral corneal edema after cataract surgery. In situations where edema is present but no fragment visualized we suggest ultrasound biomicroscopy or anterior segment optical coherence tomography. Having the patient simply place their face down in an attempt to prolapse the particle into the anterior chamber may be successful. It is critical to remove any sequestered lens material in a timely fashion to diminish related complications such as: reduced visual acuity, long term corneal compromise, elevated intraocular pressure, and cystoid macular edema.

Summary

Our case illustrates the need to look for retained lens material sequestered behind the iris when a post-cataract surgery patient has long term sectoral corneal edema. Clinicians need to be aware that this lens material may move in and out of the anterior segment angle making the diagnosis and treatment difficult. □

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OCALA EAR, NOSE & THROAT SPECIALISTS



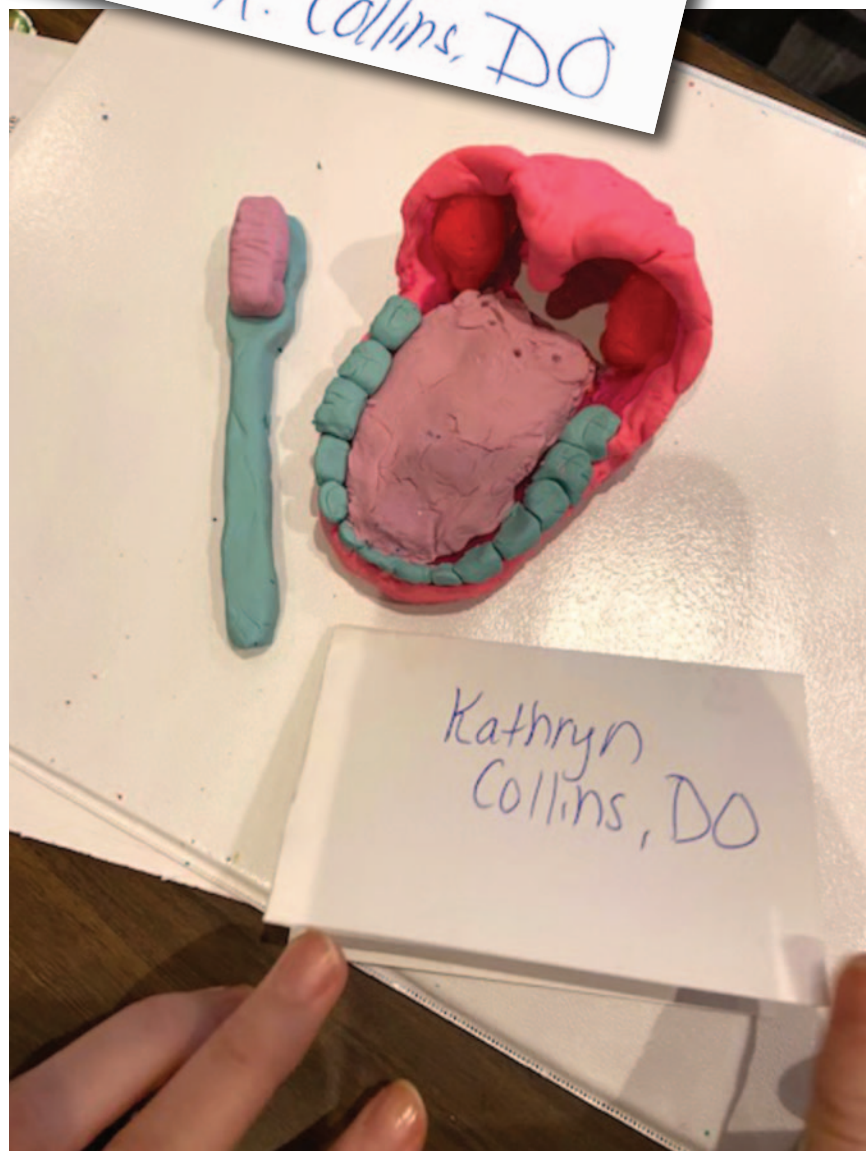
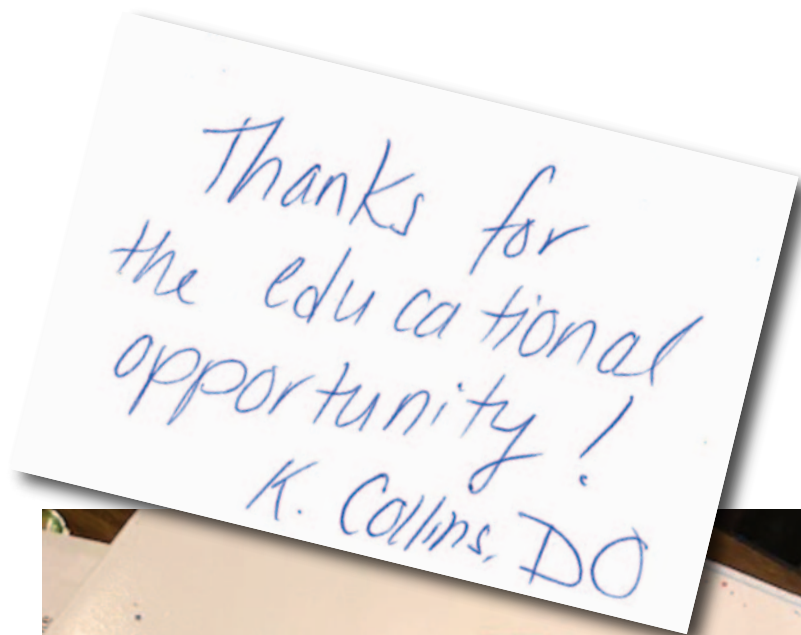
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Something more Scholarly

By Brian Anderson, ENT Resident

O **N A COLD WINTER WEEKEND** in St Louis, there was something more scholarly taking place than the nation's second largest Mardi Gras celebration. Forty-seven otolaryngology residents from around country gathered for an intensive workshop on allergies and rhinology. Past attendees had noted that this workshop was ideally timed just before the in-service examination (Otolaryngology Training Examination). In fact attendees from the year prior had reported scoring the highest on the allergy/rhinology section of the OTE after attending the workshop.

The Midwest Combined Practical Otolaryngic Allergy Workshop (with new updated name change coming soon to High Yield Primer: Allergy & Rhinology) is now in its third year. Through a generous grant from the AOCOOHNS Foundation, twelve osteopathic otolaryngology residents were able to attend the workshop. The grant helped to cover





Osteopathic ENT Academy

Thank you for sponsoring my participation in the 3rd Midwest Conference on ENT Allergy. I learned so much and will use what I learned in my future practice.
- Brian



travel related expenses for osteopathic otolaryngology residents. There were residents in attendance from McLaren Oakland, OSU CHS, OhioHealth-Doctors, Ascension Macomb-Oakland, Mercy Health St Elizabeth Boardman, and PCOM.

Residents learned about allergic rhinitis, asthma, immunodeficiencies, anaphylaxis, angioedema, urticaria, nasal polyps, nonallergic rhinitis, T2 inflammation, and biologics. The residents were broken up into small groups to work through a problem based learning case of a patient with an immunodeficiency presenting to an otolaryngology practice with recurrent otitis media.

There were hands on practica for the residents as well. They were taught how to do skin prick testing and how to place an intradermal test. Interpretation of skin test results as well as in vitro specific IgE tests were reviewed. The residents worked through how to create an immunotherapy vial for subcutaneous immunotherapy as well as aqueous sublingual immunotherapy. There were discussions on how to choose between subcutaneous immunotherapy, aqueous sublingual immunotherapy, and sublingual immunotherapy tablets. There also were hands on sessions with spirometry and FeNO (fractional exhaled nitric oxide).

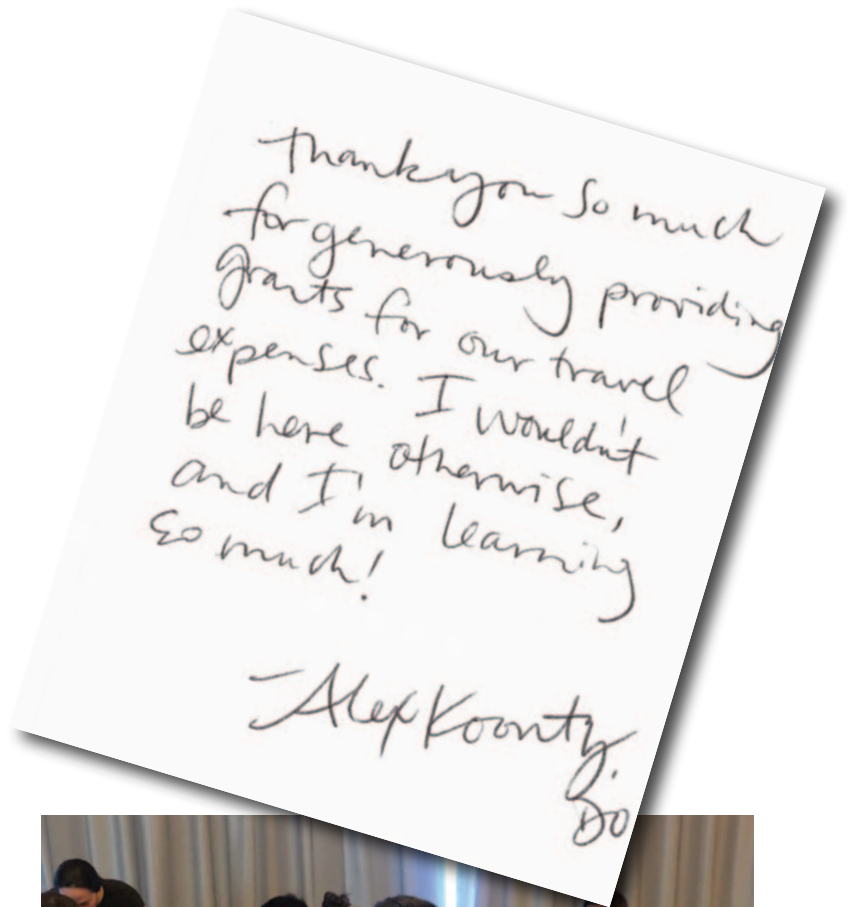
Plus there also was a lot of fun! There were prizes for answering questions correctly and participation plus prizes for artwork creation (made with Play-Doh) while listening to lectures. There were also raffle prizes. The residents did have a social activity one evening that consisted of a ghost tour of St Louis.

Next year's workshop will take place

February 2024 in Houston, Texas. If you have a resident interested in attending next year, please have them reach out to me. We would be excited to host your resident!

Excerpt from one osteopathic resident that attended the workshop:

'...I attended the allergy conference this weekend. I'm writing to you to provide my thank you letter to the AOCOO-HNSF for providing funding for me to attend the allergy conference. I'm Brian Anderson, a 4th year ENT resident with the Ascension Macomb-Oakland ENT Residency Program in Detroit, Michigan. I am very interested in allergy and hope to incorporate that into my future practice once I graduate. I find the medical side of allergy fascinating, and I want to provide the best surgical as well as medical care that I can for these patients. I was attracted to this conference primarily for its hands-on and practice-based learning in order to get more than just a conceptual understanding of how to treat allergy patients. I felt like this conference did a fantastic job at this. I finished this conference equipped with additional medical drugs and strategies for medically optimizing these patients. Additionally, I got hands-on training on doing skin-prick which I found invaluable. I'm leaving this conference with increased confidence in appropriately managing the allergic patient. Thank you for putting this on. I will highly recommend it to my co-residents for next year!' □

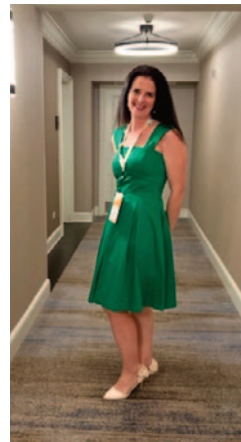


“I’m leaving this conference with increased confidence in appropriately managing the allergic patient”

– Brian Anderson, ENT Resident

ACA 2023: Carlsbad

By Ralph McClish



THE 2023 Annual Clinical Assembly (ACA) took place April 26 - 29, 2023, at the Park Hyatt Aviara in Carlsbad, CA. Unfortunately, the weather did not cooperate with us, but all the attendees and their guests had a fantastic time. The Board of Directors has decided to refrain from hosting our events in San Diego or the surrounding areas again. It is a long flight for our east coast members, and the weather is hit or miss at the end of April and the beginning of May.

We had 418 total Attendees, broken down

into 8 Students, 48 Residents, 43 speakers, 2 keynote speakers, and 317 learners. We also had 106 Virtual learners.

The first day of the 2023 ACA has become very busy. Our members should start to arrive at the event on Tuesday evening instead of Wednesday. Why? Because on Wednesday, we had our hands-on sinus cadaver lab, our program directors' meeting, and the welcome party. In the future, we are planning to use Wednesday as our subspecialty day, with workshops and breakouts.

The Welcome Party kicked off at 6:00 p.m.



with over 500 people in attendance. We were outside in the courtyard, and it was beautiful. The food selection was incredible, and all attendees received two complimentary drink tickets. I enjoyed walking around the reception area and watching everyone engage in conversation. It was like a great big family reunion.

Thursday, we kicked off the event with the National Anthem, and we went straight into the combined member meeting and

finished with our Keynote Speaker, Dr. Freeman, who spoke to all of us about the Madgy Malawi mission in Malawi. We then broke out to ophthalmology and otolaryngology education. We have been ending the education at 12:30 p.m. now, which has increased the number of learners sitting in the lecture rooms.

We held our first annual golf tournament on Thursday afternoon with 80 players. The format was the longest ball, scramble, bogey, or better; otherwise, they had to pick up their





ball and move to the next hole.

Friday, started with ophthalmology and otolaryngology education; formal education ended at 12:30 p.m. We had lunch (product theatre), and then Dr. Sirtaz Sibia began the Botox, Fillers, and Microneedling workshop. It was very well attended. We ended the evening with our Awards Ceremony. I was please to see that Dr. Jack Alway received

the Alvin Dubin, DO Award from the AOCOO-HNS Foundation.

Saturday, Started with Ophthalmology and Otolaryngology education until 12:30 p.m. There was no lunch served on Saturday. Dr Harjot Singh held a workshop in the afternoon, and we finished the day with the student/resident meeting.

Overall, the meeting was a success.



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The First Swing

By Jennifer McClish



T HIS YEAR AT THE ACA, we held our first annual Golf Tournament and what a fabulous event it turned out to be! Hosted on the beautiful Aviara golf course with breathtaking foliage and serene landscapes, it was the perfect venue to host our inaugural event.

During the latter part of 2022, we pulled together a committee of 5 people to organize the details. We had no idea what to expect and were a little concerned that we wouldn't

have enough people that wanted to play. Little did we know that 4 months after our first meeting we were already close to our





cap of 72. We ended up with a total of 80 players and a waiting list for spots that may become available on the day of the tournament. The turnout was more than anything our committee of 5 expected.

During the tournament I drove around taking pictures of teams, and not only did I witness some amazing golf, but I also saw groups of people relaxing and having fun with their peers, spouses, family, and friends. We rounded out the evening with raffle prizes, contest winners and delicious food and beverages. We also had the pleasure to congratulate our winning team: The Designated Drivers- Preston Imhof, Justin Imhof, Jeff Sparks, and Matt Ericksen. Not only did they win bragging rights for the first annual golf tournament, but an engraved plaque on our traveling trophy.





Of course, there will always be room for improvement, but overall, the event was a complete success. None of this would have been possible without the help of our amazing committee composed of: Dr. Carl Shermetaro, Committee Chair, Dr. Preston Imhof, Dr. Robert Peets, and Alan Varela, J.D.. Their input and ideas were invaluable to the planning process.

We look forward to Myrtle Beach next year where I am more than confident, we can double our numbers.





The Untamed Beauty of Anchorage

By Ralph McClish



O **N MONDAY, MAY 8, 2023** I flew to Anchorage, Alaska, to participate in a familiarisation (FAM) tour paid for by Visit Anchorage. This tour would take five (5) days to accomplish, and I would see some fantastic bucket-list sites. The journey would take three (3) leg flights, leaving Albuquerque at 1:00 p.m. to Salt Lake City, from Salt Lake City to Seattle, and finally from Seattle to Anchorage.

I landed in Anchorage and was picked up by one of the Visit Anchorage salespeople at around 9:30 p.m. ATK; yes, Alaska has its own time zone. The sun was still out as we drove to the hotel. I was tired from the long day of travel and went upstairs to my room, unpacked, and went to bed. It would be a long day tomorrow, and I needed rest.

I was up by 6:00 a.m. ATK, on Tuesday, May 9, 2023, and I decided to walk downtown

Anchorage. The city is built entirely functionally but lacks decor. This is probably because of the seven-male-to-one-female population when Anchorage was founded. Anchorage was founded on July 10, 1914. Currently, the male-to-female ratio is 50/50, and beautification projects are on the books for Anchorage.

Downtown Anchorage felt safe to walk around in the early morning and any time of day or night. I encountered a handful of homeless people and wondered how they could survive in such a cold climate. I walked around the entirety of downtown Anchorage, roughly eight (8) city blocks by fourteen (14) city blocks, before heading back to the hotel to catch the bus leaving at 8:00 a.m...



Visit Anchorage was sending the FAM participants to the Alaska Wildlife Conservation Center (AWCC). The Alaska Wildlife Conservation Center is a nonprofit organization dedicated to preserving and rehabilitating



Alaska's native wildlife. Located in Portage, Alaska, about 50 miles southeast of Anchorage, the AWCC serves as a wildlife sanctuary, education center, and research facility.

After visiting the AWCC, we got back on the bus. We traveled to Phillips 26 Glacier Cruise, a popular sightseeing tour in south-central Alaska that takes visitors on a scenic cruise through Prince William Sound to view 26 stunning glaciers.

The cruise begins in the small town of Whittier, population of 300; almost all inhabitants of Whittier live in a single, multiple-story apartment building. Whittier is approximately 60 miles southeast of Anchorage.

We boarded a comfortable, high-speed catamaran designed explicitly for glacier viewing. The vessel features large windows, open-air decks, and onboard amenities to enhance our experience. As the tour departs from the harbor, it navigates through the pristine waters of Prince William Sound, known for its breathtaking landscapes and abundant marine wildlife. We were treated to panoramic views of towering mountains, lush

forests, and icy blue waters along the way.

We returned from the cruise around 5:00 p.m. and were treated to boxed dinner on the bus as we traveled to the Alyeska Resort for a site visit and appetizers. The Alyeska Resort is a premier year-round destination in Girdwood, Alaska, approximately 40 miles southeast of Anchorage. Nestled in the scenic Chugach Mountains, the resort offers a wide range of recreational activities, luxurious accommodations, and stunning natural beauty.

The Alyeska Resort is renowned for its world-class skiing and snowboarding. The resort features 1,610 skiable acres, 76 named trails, and an average annual snowfall of over 650 inches. With diverse terrain suitable for all skill levels, including steep slopes and tree-lined runs, it attracts winter sports

enthusiasts worldwide. I don't ski myself, but if some of you are interested in doing a ski symposium at the Alyeska Resort, please let me know.

We ended the day at 10:30 p.m. but would not depart in the morning until 10:00 a.m. Even though Tuesday had been a long day, the schedule would allow for well-deserved rest. After all, on Wednesday, we were scheduled to go 4-wheeling, Kayaking, Hiking, and Biking at Eklutna.

Eklutna is a small community located in the Matanuska-Susitna Borough of Alaska. It is approximately 26 miles northeast of Anchorage. Eklutna is known for its rich Native Alaskan history, stunning natural beauty, and cultural heritage.

We were allowed to pick two activities, and I picked 4-wheeling and mountain biking.





4-wheeling was a blast because the ground was wet and muddy. The posted speed limit was 10 miles an hour, but I don't think I ever drove less than 20 miles an hour. The guide took us up and down colossal mountain passes and would stop to allow us to take pictures of the beautiful terrain. We splashed through puddles and kicked up mud as we roared up and down the trails.

Mountain biking was more difficult for the exact reasons that 4-wheeling was fun. The mud was thick, and the ground was wet. My chicken legs burned as I tried to peddle the fat-tired mountain bike up and down a different trail. Nevertheless, the landscape was unique, and riding parallel to the semi-frozen



lake surrounded by mountains made my mind silence the burning of my leg muscles and my desire to return to camp.

We returned to Anchorage at 4:00 p.m. and were given an hour and a half to rest. I decided to skip resting and go shopping for little gifts for the kids and a significant gift for my wife. While on the bus, I realized that I

was going to miss Mother's Day, and I had better do something to make up for it. So, I wandered downtown Anchorage on a mission to save my life.

At 5:45 p.m., we departed the hotel for the Dena'ina Convention & Civic Center. This is where we would have a reception and buffet dinner. The Dena'ina Convention & Civic Center is a prominent event and conference venue in downtown Anchorage. It is a hub for various community events, conventions, conferences, and cultural gatherings. The event was fun, but I was thinking about taking a floatplane over Lake Hood on Thursday morning.

Lake Hood represents an essential part of Anchorage's aviation culture and heritage. It offers a unique experience for aviation enthusiasts, allowing them to witness the charm and excitement of floatplane operations in one of the world's busiest seaplane bases. It's a captivating destination showcasing Alaska's adventurous spirit and stunning natural surroundings.

According to the Federal Aviation Administration (FAA), Alaska has more pilots per capita than any other state in the US. It's estimated that around 1 in 60 Alaskans holds a pilot's license, significantly higher than the national average. This can be attributed to the unique geographic and logistical challenges of living in Alaska, where flying is often the most efficient way to access remote communities, engage in outdoor activities, and transport goods.

On Friday, May 12, 2023, we spent most of the day touring hotels like the Hotel Captain Cook, the Sheraton, and the Alaska Native

Heritage Center. However, the fun would begin at 5:00 p.m. with a trip on the Alaska Railroad. Our chartered trip would take us along scenic Turnagain Arm, and we would have cocktails, dinner (Alaskan King Crab), and entertainment (Karaoke).

Finally, it was the last day of the FAM, and they saved the best for last. The morning started slowly with site tours of O'Malley's on the Green at the Anchorage Golf Course, then a tour of the Alaska Zoo, and a bus ride to the Matanuska Valley.

The Matanuska Valley is situated approximately 35 miles north of Anchorage. It stretches from the Knik Arm of the Cook Inlet to the east and the Talkeetna Mountains to the west. We were taken for a helicopter flightseeing tour. This tour would whoosh us around the Matanuska Valley. We would spot moose, black bears, and packs of white wolves. However, this wasn't all they had in store for us.

The helicopters took us to a glacier, where we landed and we were allowed to explore. We drank fresh glacier water, I filled my canteen, of course. We trekked on the glacier for an hour before piling back into the helicopters and headed to the bus.

I had so much fun on this FAM; it took a few items off my bucket list. However, I had been away from home too long and was eager to return. I left Anchorage at 6:00 a.m. AKT on Sunday, May 14, and walked into my house at midnight Mountain time. Hugged my wife and went to bed. □





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