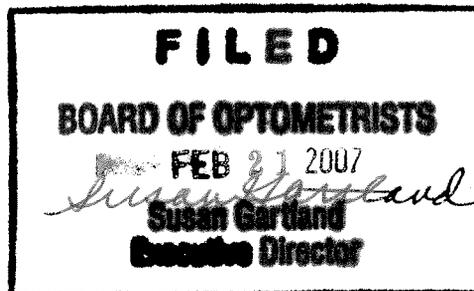


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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF OPTOMETRISTS

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

BRUCE WALKER, O.D.
License No. 270A0040800

Administrative Action

CONSENT ORDER

TO PRACTICE OPTOMETRY
IN THE STATE OF NEW JERSEY

This matter was opened to the New Jersey State Board of Optometrists (hereinafter "the Board") upon receipt of information from the National Practitioner Data Bank regarding a settlement paid to a 77 year old female patient alleging that Dr. Walker, the Respondent, failed to timely diagnose a fungal infection of the right eye resulting in the enucleation of the eye. Specifically, the respondent testified at an investigative inquiry which he attended Pro Se, that he has treated R. M. since 1990. Dr. Walker also testified that he

is a full time optometrist at the Department of Veterans Affairs Medical Center in Lyons and East Orange, New Jersey and he maintains a small private practice in Basking Ridge, New Jersey. He retired from the military two years ago after serving 24 years. R.M. was a long term contact lens wearer and she had a history of contact lens infections. R.M presented to respondent's office on October 3, 2001 complaining of irritation and redness of the right eye for approximately 1-2 weeks duration. Upon examination of the eye the respondent diagnosed the problem as a "non-infectious contact lens related keratoconjunctivitis." He prescribed topical antibiotics and an anti-inflammatory- Ciloxin and Tobradex and requested that the patient return in three (3) to four (4) days. R.M. returned six days later on October 9, 2001, the visit revealed that the keratitis had not improved but the stromal haze had increased slightly. Respondent testified that he interpreted the increased stromal haze to be a toxic reaction to the Ciloxin and discontinued the medication and increased the topical steroid to clear the stromal haze. The patient returned to his office on October 11, 2001 with a significant decrease in vision and increased stromal haze. Respondent discontinued all topical medications and referred the patient to a local ophthalmologist for evaluation. According to Dr. Walker's testimony the ophthalmologist determined the keratitis to be bacterial and continued the antibiotic therapy. He also took a culture which revealed a possible fungal infection. R.M. was referred to the Corneal Department at New York Eye and Ear where she was treated with antifungal agents for possible fungal keratitis. The infection did not respond to treatment with antifungal agents and after months of treatment including two corneal transplants, the eye was enucleated.

Upon further questioning the respondent informed the Board that he would order a culture in a situation where a patient presented with a corneal ulcer. However, in the respondent's opinion the patient in question did not have the appearance of an ulcer. It was Dr. Walker's testimony that "the epithelium was intact" and he was "not going to break through an intact epithelium."

Respondent testified that in a situation where a patient presented with an infection with any corneal involvement he would prescribe fluoroquinolone. He chose Tobradex in this instance because he did not believe that the patient had a microbial infection at this point. It was his professional opinion that the patient was experiencing an "infiltrative keratitis probably secondary to the contact lens wear, a toxic reaction to bacteria." In response to additional questioning as to why the respondent did not put this patient on prednisolone, he responded that he wanted "an antibiotic coverage when the cornea is involved."

Respondent testified that he had never seen a fungal keratitis before this patient but he had seen a stromal herpetic keratitis. It was his further testimony that a stromal herpetic keratitis looked worse than the condition that this patient presented, the patient is much more uncomfortable and there is much more inflammation. It was the respondent's position that you:

"would not use a steroid as a first defense unless you know the patient because a stromal keratitis is usually a secondary type infection from the herpes. Initially you are going to get an epithelial dendritic type keratitis. You would definitely not use a steroid on a dendritic herpes keratitis."

When the respondent was asked about his practice regarding follow up visits by patients he responded that a patient with corneal involvement is required to return for a

follow up visit the next day or within 48 hours depending on the severity of the disease. In this case respondent admitted that "he should have had her in more often and should have referred her much quicker."

Having reviewed the entire record, including the respondent's written response and his testimony at the investigative inquiry, it appears to the Board that the Respondent's conduct constituted repeated acts of malpractice in violation of N.J.S.A. 45:1-21(d) in that his failure to diagnose the condition resulted in his deviating from the standard of care in prescribing a topical antibiotic steroid combination which masked the underlying condition. This was further exacerbated by respondent's decision to require a follow up visit by the patient within 3-4 days instead of the next day or within two days. These facts establish a basis for disciplinary action pursuant to N.J.S.A. 45:1-21(d).

It appearing that respondent desires to resolve this matter without admissions and without recourse to formal proceedings and for good cause shown:

IT IS ON THIS 21st DAY OF Feb, , 2007

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall fully attend and satisfactorily complete an eight (8) hour course in differential diagnosis of corneal disorders including discussions of the interior segment of the eye within three (3) months of the filing date of this consent order. This course shall be preapproved by the Board. The responsibility for payment for the course is to be borne completely by the respondent. The respondent shall submit to the Board

written proof supplied by the course of the satisfactory completion of the course within ten days of completion.

No credits obtained to satisfy this paragraph shall be applied to the continuing education credits that the respondent must satisfy for the current biennial renewal period.

2. Respondent shall pay a penalty of two thousand five hundred (\$2500) dollars for violation of N.J.S.A. 45:1-21(d). This penalty shall be stayed in full on the condition that respondent satisfies the course described herein within the specified time period. In the event that the respondent fails to obtain the preapproval or fails to successfully complete the course within the allotted time period specified in this consent order, the full amount of the penalty shall be due and owing. Payment shall be remitted as set forth in paragraph # 3. Should respondent fail to meet any of the monetary obligations under the terms of this order a certificate of debt shall be filed with the Superior Court of New Jersey.

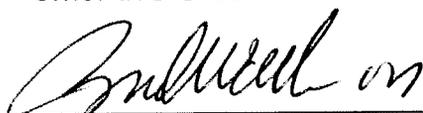
3. Respondent shall pay costs in the amount of two hundred and seventy (\$270.00) dollars shall be due and owing immediately upon acceptance of the consent order. The payment of the costs in full shall be sent by certified or money order to the attention of Susan Gartland, Executive Director, Board of Optometrists, P.O. Box 45012, 124 Halsey Street, Newark, New Jersey 07101.

NEW JERSEY STATE BOARD OF
OPTOMETRISTS

By: 

Mitchell Fink, O.D.
Board President

I have read and understand the within Consent Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.

A handwritten signature in cursive script, appearing to read "Bruce Walker", written over a horizontal line.

Bruce Walker, O.D.