

## **ASSIGNMENT 8**

**Material Covered:**  
***Units 4.1, 4.2, 4.3 and 4.4 of Module 4  
of the IACLE Contact Lens Course***

## ASSIGNMENT 8

Read the questions carefully and record your answers on the answer sheet provided.

1. **What is the recommended range of thicknesses for low water HEMA lenses (37 – 40%) that ensures acceptable lens oxygen transmissibility for daily wear (DW) while still offering adequate lens handling?**
  - a. 0.002 – 0.010 mm
  - b. 0.015 – 0.030 mm
  - c. 0.035 – 0.060 mm
  - d. 0.060 – 0.090 mm
  
2. **When selecting the water content and centre thickness ( $t_c$ ) of conventional soft contact lens materials, which of the following would be the MOST suitable choice for a patient with significant hyperopia and marginally dry eyes?**
  - a. High water content lens with thin  $t_c$
  - b. Low water content lens with thin  $t_c$
  - c. Low water content lens with thick  $t_c$
  - d. High water content lens with thick  $t_c$
  
3. **When verifying RGP contact lens parameters prior to dispensing, what is the tolerance normally allowed for the back optic zone diameter (BOZD) if a light blend has been requested?**
  - a.  $\pm 0.01$  mm
  - b.  $\pm 0.03$  mm
  - c.  $\pm 0.05$  mm
  - d.  $\pm 0.10$  mm
  
4. **When a hyperope transfers from spectacles to contact lenses he will use:**
  - a. More accommodation and less convergence
  - b. More convergence and less accommodation
  - c. More accommodation and more convergence
  - d. Less accommodation and less convergence
  
5. **All of the following are relatively common and are considered 'normal' during the adaptive stages of both soft and modern RGP lens wear, EXCEPT:**
  - a. Lacrimation
  - b. Excessive blinking
  - c. Spectacle blur
  - d. Reduced inclination to make extreme eye movements
  
6. **Which of the following is a non-invasive technique for assessing the tear layer?**
  - a. Break-Up-Time (BUT)
  - b. Tear prism height
  - c. Rose Bengal staining
  - d. Phenol-red thread test

7. What is the **initial** step a soft lens wearer should follow if they have dropped their contact lens while attempting lens insertion?
- Rinse with sterile saline solution without rubbing
  - Rub the lens with surfactant cleaner
  - Rub and rinse the lens with distilled water
  - Rub the lens with hydrogen peroxide
8. During a preliminary examination of a contact lens patient, the measurement of pupil diameter is useful in determining:
- The back optic zone radius (BOZR)
  - The width of the peripheral curves
  - The back optic zone diameter (BOZD)
  - The overall lens diameter (TD)
9. Each of the following soft contact lens replacement schedules requires some form of lens care and maintenance EXCEPT:
- Conventional
  - Frequent replacement
  - Disposable
  - Daily disposable
10. A patient you successfully fitted with soft contact lenses for extended wear (EW) 3 months ago has attended all monthly after-care visits so far and no problems or complications have been encountered. How frequently should this patient return for future follow-up and after-care visits?
- Every 30 days
  - Every 3 to 6 months
  - Every 9 months
  - Once a year
11. Which of the following lipid layers has the **greatest thickness**, a factor that is most likely to prevent evaporation of the aqueous, thereby providing greater tear film stability?
- Coloured fringes
  - Flow pattern
  - Closed meshwork
  - Amorphous
12. Why do we perform front surface keratometry/photokeratoscopy during the after-care examination of an RGP lens wearer?
- To determine the movement and position of the lens *in situ*
  - To examine the lens front surface for deposits and scratches
  - To determine how much corneal astigmatism is translated to the front surface of the lens *in situ*
  - To evaluate the patient's blinking pattern

13. **Compared to daily wear (DW) of soft contact lenses, extended wear (EW) will increase the risk of lens-related complications by:**
- Between 1 and 3 times
  - Between 2 and 6 times
  - Between 4 and 8 times
  - Between 5 and 10 times
14. **In which of the following cases would a toric soft contact lens be the MOST suitable lens type to prescribe?**
- Low corneal astigmatism accounts for all of the manifest ocular astigmatism
  - With-the-rule astigmatism with no spherical component
  - Keratoconus
  - Against-the-rule astigmatism
15. **Which of the following would be considered a normal, average blink rate?**
- 2–3 blinks per minute
  - 3–5 blinks per minute
  - 7–10 blinks per minute
  - 15–25 blinks per minute
16. **Which of the following soft contact lens replacement schedules would be MOST suitable for a patient who has a history of contact lens-induced papillary conjunctivitis (CLPC)?**
- Conventional (annual replacement)
  - Frequent replacement
  - Disposable
  - Daily disposable
17. **What would the MOST suitable combination of RGP material permeability and lens centre thickness ( $t_c$ ) for a myopic patient with a significant amount of corneal toricity?**
- High Dk / medium  $t_c$
  - Low Dk / medium  $t_c$
  - High Dk / thin  $t_c$
  - Low Dk / average  $t_c$
18. **According to Holden and Mertz (1984), what is the minimum  $Dk/t_{av}$  required for soft contact lens extended wear (EW) that limits overnight corneal swelling to 8%?**
- $24.1 \times 10^{-9}$
  - $34.3 \times 10^{-9}$
  - $34.3 \times 10^{-11}$
  - $87.0 \times 10^{-11}$

- 19. What is the maximum amount of new vessel growth beyond the corneo-limbal transition zone that is considered acceptable in contact lens patients?**
- a. 0.1 mm
  - b. 0.3 mm
  - c. 0.5 mm
  - d. 1.0 mm
- 20. Which of the following rigid contact lens types would be the MOST suitable for a patient with a significant amount of astigmatism that is mostly corneal in origin?**
- a. Spherical RGP lens
  - b. Front surface toric RGP lens
  - c. Toric soft lens
  - d. Bitoric RGP lens