IACLE Distance Learning Program (DLP)

Phase 2
Assignment 6:

Course content covered:

B6. Fitting SiHy Contact Lenses

B7. The Dispensing Visit and After-Care

B8. Contact Lenses for Sports

B9. Presbyopic Contact Lens Options

From the New IACLE Contact Lens Course (New ICLC)

IACLE
International Association of Contact Lens Educators

ASSIGNMENT 6

Read the questions carefully and record your answers on the answer sheet template

1. **Surface treatment on SiHy CLs is NOT intended to:**
   a. Increase O_2 transmissibility
   b. Improve CL wettability
   c. Render the CL surface more hydrophilic
   d. Deter surface deposit formations

2. **Which of the ocular complications below does NOT occur as a result of CL-induced hypoxia?**
   a. Endothelial blebs
   b. Epithelial microcysts
   c. Superior epithelial arcuate lesions (SEALs)
   d. Endothelial polymegethism

3. **Which statement regarding silicone elastomer CLs is INCORRECT?**
   a. Have high oxygen transmissibility
   b. Good deposit resistance
   c. Durable and able to withstand most handling and cleaning procedures
   d. CL removal can be difficult

4. **Having used 55% water content hydrogel CLs for many years, a wearer was advised to switch to SiHy CLs. After 3 months of use, the wearer reported a foreign body sensation on removal of their CLs in both eyes. The practitioner noted SEALs in both eyes. What is the most likely cause of this condition?**
   a. The higher Modulus of Elasticity of the CLs
   b. Plasma treatment of the CL's surfaces
   c. The smoothness of the CL's surfaces
   d. The CL's low water content

5. **Initially, some wearers of early generation SiHy CLs needed to be over-refracted more than once in anticipation of the possibility of which one of the following if changing from long-term hydrogel CL wear?**
   a. Myopic shift
   b. Hyperopic shift
   c. Induced astigmatism
   d. Induced corneal striae

6. **The most important instructions during a SiHy CL dispensing visit is:**
   a. Educating them about CL insertion and removal
   b. Educating them with correct use of appropriate CL care products
   c. Warn them not to sleep in CLs
   d. The recommended CL replacement schedule

7. **It is important to clean CLs manually immediately after removal because:**
   a. Cleaning will improve the efficacy of the disinfection step subsequently
   b. Patient will be in too much of a hurry to go to work the following morning
   c. Cleaning & soaking in old solution is good enough to recondition the CLs
   d. Cleaning more frequently will keep CLs softer

8. **At the second after-care visit, a RGP CL wearer's unaided visual acuity (VA) (immediately after CL removal but 10 days after dispensing) was slightly worse than the unaided VA recorded during the initial CL prescribing process. The most likely cause is:**
   a. The new CL's BVPs are incorrect & the eyes have adapted to the new CLs
   b. Retinal pathology has occurred in the interim
   c. CL wear has affected their accommodation-convergence ratio
   d. Their cornea might have been reshaped slightly by their new CLs

9. **All of the following are relatively common and are considered 'normal' during the adaptive stages of both soft and modern RGP CL wear, EXCEPT**:
   a. Lacrimation
   b. Excessive blinking
   c. Spectacle blur
   d. Reduced inclination to make extreme eye movements

10. **What is the INITIAL step a SCL wearer should follow if they have dropped one of their CLs while attempting CL insertion?**
    a. Rinse with sterile saline solution without rubbing
    b. Rub the CL with surfactant cleaner
    c. Rub and rinse the CL with distilled water
    d. Rub the CL with hydrogen peroxide solution

11. **What is the maximum amount of new vessel growth beyond the corneo-limbal transition zone that is considered acceptable in CL patients?**
    a. 0.1 mm
    b. 0.3 mm
    c. 0.5 mm
    d. 1.0 mm

12. **A patient you fitted successfully with SCLs 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?**
    a. Every 3 months
    b. Every 6 months
    c. Every 9 months
    d. Once a year

13. Which one of the following in not a reason to perform front surface keratometry/photokeratoscopy during the after-care examination of an RGP CL wearer?

a. To assess the movement and position of the CL *in situ*
b. To examine the CL front surface for deposits and scratches
c. To determine if the CL becomes toric in situ
d. To evaluate the quality of the pre-lens tear film

14. An 18-year old swimmer is probably best managed for their myopia of –3.50 DSph by:

a. Soft biweekly / monthly replacement CLs
b. Daily disposable (DD) CLs
c. Prescription swimming goggles
d. Orthokeratology

15. All of the following visual skills are enhanced by CL wear, EXCEPT*:*

a. Interpretation of blurred images
b. Depth perception
c. Peripheral awareness
d. Dynamic visual acuity

16. Which one of the following CL types would be MOST suitable for a pole-vaulting athlete?

a. Large diameter RGP CLs
b. Large diameter SCLs
c. Small diameter RGP CLs
d. Small diameter SCLs

17. When fitting RGP CLs for sports, all of the following are suitable, EXCEPT:

a. Fit slightly flat
b. Use larger diameter CLs
c. Avoid excessive edge lift
d. Use large optic zones to reduce flare

18. Which one of the following should a practitioner do when fitting CLs to a professional swimmer?

a. Avoid hydrogel SCLs if possible
b. Consider fitting larger total diameter (TD) CLs
c. Fit rigid gas permeable CLs
d. Avoid ultra-thin SCLs

19. Which one of the following is an advantage of monovision?

a. Reduced stereopsis and contrast
b. Adaptation of the non-dominant eye
c. Night driving
d. Ready availability of replacement single-vision CLs

20. A presbyope, who is strongly right eye dominant, has the following spectacle Rx:
RE: +1.50 D
LE: +2.00 D
Add: +1.25 D
What would probably be the MOST suitable monovision prescription for this patient?
a. Right +1.50 D and Left +3.25 D
b. Right and Left +2.75 D
c. Right +2.75 D and Left +2.00 D
d. Right and Left +3.25 D

21. The advantages of monovision CL correction for presbyopia include all of the following, EXCEPT:
a. Ideal for the occasional CL wearer
b. No reduction in stereo acuity
c. Less practitioner chair time is required
d. Higher success rate than many bifocal CLs

22. A pair of multifocal CLs with a C-N design are found to decentre slightly infero-temporally. What would be the effect on vision?
a. Distance vision will be better than near
b. Near better than the distance
c. Neither distance / near vision is clear
d. Vision is clear for distance and near

23. Which one of the following is NOT a desirable factor when fitting a new presbyope with CLs?
a. A reduced sensitivity to 'ghosting'
b. Previous success with CL wear
c. Dependence on near vision correction
d. Large pupil size

24. Which statement regarding diffractive bifocal CLs is INCORRECT?
a. Suited to patients requiring a moderate near addition
b. Success is independent of CL centration
c. Night vision problems are fairly common
d. Provide good vision independent of pupil size

25. The segment height of an alternating vision RGP bifocal CL on the eye is too high. Which of the following actions is LEAST appropriate?
a. Truncate the CL superiorly
b. Reduce the BOZD
c. Reduce the CL total diameter (TD)
d. Steepen the BOZR

26. All of the following are contraindications to the use of translating, bifocal CLs, EXCEPT:

a. Loose lids (reduced muscle tonus)
b. Lower lid below the limbus
c. Small pupil size
d. Lower lid above the limbus

27. When educating a monovision wearer about CL insertion and removal, it is best to suggest that they:

a. Insert the near CL first and remove the near CL last
b. Insert and remove the near CL first
c. Insert the distance CL first and remove the distance CL last
d. Insert and remove the distance CL first

28. Which one of the following patients would be the MOST likely to have near vision difficulties when changing from spectacles to CLs?

a. A 19-year old with a prescription of +7.50 D
b. A 25-year old with a prescription of –3.50 / 0.50 x 175
c. A 39-year old with a prescription of +8.75 / 0.75 X 165
d. A 41-year old with a prescription of –6.75 D

29. The MOST significant barrier to the success of soft, translating bifocal CLs to date has been:

a. Their failure to achieve adequate translation with comfort on the eye
b. The difficulty of manufacturing a reproducible product
c. The relatively poor oxygen transmissibility of the CLs offered
d. The small size of the potential market for such CLs

30. Which statement regarding centre-near (C-N), concentric, bifocal CLs is INCORRECT?

a. Successful fitting relies on good CL centration
b. Minimum clinically-acceptable CL movement is desired
c. Distance vision is typically best in high illumination
d. Most C-N CLs have central zone diameters of < 3 mm