



IACLE Distance Learning Program (DLP)

Phase 4 Assignment 12:

Course content covered:

E5. Special Applications of Contact Lenses

E6. Advanced Clinical Techniques

E7. Business Aspects of CL Practice

From the New IACLE Contact Lens Course (New ICLC)

ASSIGNMENT 12

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

1. **An important exclusion criterion for refractive surgery is:**
 - a. A large phoria at distance
 - b. Amblyopia
 - c. Hypertropia
 - d. Forme fruste keratoconus

2. **Contraindications to intrastromal corneal rings, e.g. Intacs, include all of the following EXCEPT?**
 - a. Keratoconus
 - b. Recurrent corneal erosions
 - c. -2.00D of myopia
 - d. Corneal dystrophy

3. **Which one of the following is NOT a contra-indication to LASER-assisted in situ keratomileusis (LASIK)?**
 - a. Myopia of -9.75 D
 - b. Rheumatoid arthritis
 - c. Implanted pacemaker
 - d. Pupil size > 8 mm in normal light

4. **Which one of the following statements regarding PhotoRefractive Keratectomy (PRK) is TRUE?**
 - a. PRK reduces contrast sensitivity and corneal sensitivity
 - b. PRK destroys Descemets membrane completely within the treatment zone
 - c. Bowmans layer is preserved
 - d. Post-PRK, a patient does not experience ocular pain

5. **Which one of the following RGP CLs offerings would MOST likely provide the best fit in a post-radial keratotomy (post-RK) patient?**
 - a. Small diameter (8.8 to 9.3 mm) and relatively flat
 - b. Small diameter (8.8 to 9.3 mm) and relatively steep
 - c. Large diameter (9.5 to 11 mm) and relatively flat
 - d. Large diameter (9.5 to 11 mm) and relatively steep

6. **What type of CL would be MOST suitable for a flat and/or proud corneal graft, from which the sutures have been removed?**
 - a. A piggyback CL system
 - b. A reverse geometry RGP CL
 - c. An ultra-thin, Si HY SCL
 - d. A standard tricurve RGP CL, fitted flat



- 7. Which one of the following statements regarding LASER-assisted *in situ* keratomileusis (LASIK) is INCORRECT?**
- The integrity of the anterior corneal layers is maintained
 - At least 250 μm of stromal bed should remain after ablation
 - The degree of refractive error correction is determined by the depth of the stromal ablation
 - Decreasing the ablation size for any given correction will increase the required ablation depth
- 8. Long-term (i.e. >12 months) use of therapeutic CLs is suitable for all of the following conditions, EXCEPT:**
- Chemical burns of the cornea
 - Wound leakage
 - Bullous keratopathy
 - Mucous membrane pathology
- 9. Which range of SCL total diameters (TDs) would be MOST suitable for fitting a therapeutic CL following a corneal graft?**
- 10.00 mm to 12.50 mm
 - 12.50 mm to 14.50 mm
 - 14.50 mm to 16.00 mm
 - 16.00 mm to 17.50 mm
- 10. All of the following are advantages of therapeutic CLs, EXCEPT:**
- Tear film retention
 - Prevention of corneal desiccation
 - Aiding the healing process
 - Prevention of infection
- 11. Which one of the following diagnostic procedures is used to confirm the presence of corneal wound leakage?**
- Phenol red thread test (PRTT)
 - Retinoscopy
 - Seidel's test
 - Biomicroscopy with sclerotic scatter illumination
- 12. Which one of the following cases of recurrent corneal erosion is LEAST likely to respond well to bandage CL therapy?**
- Due to a dystrophy involving the epithelial basement membrane
 - Secondary to fingernail trauma of the cornea
 - Due to a dystrophy involving Bowman's layer
 - An idiopathic cause

- 13. Which one of the following conditions would be LEAST suited to use with a 55% water content hydrogel bandage CL?**
- Exposure keratopathy
 - Thygeson's superficial punctuate keratitis
 - Bullous keratopathy
 - Filamentary keratitis
- 14. All of the following are general indications for fitting therapeutic CL, EXCEPT:**
- Promotion of wound healing
 - Sealing of corneal perforations
 - Concealment of a disfigurement
 - Mechanical protection of the cornea
- 15. In the case of filamentary keratitis, the chances of success with a bandage CL may be improved by:**
- Punctal occlusion
 - Selecting a thicker, low water CL
 - Fitting a CL that moves more than usual
 - A lateral tarsorrhaphy
- 16. What type of CL would be most suitable for a flat corneal graft?**
- Small diameter (8.8 to 9.3mm) steep CL
 - An ultra-thin, siloxane hydrogel CL
 - Small diameter (8.8 to 9.3mm) flat CL
 - Reverse geometry CL design
- 17. Flare and glare problems associated with post-RK CL fitting can be managed by all EXCEPT?**
- Increase BOZD
 - Increase CL TD
 - Aspheric CL design
 - Increase center thickness
- 18. Post-RK CL fitting complications include all of the following EXCEPT:**
- Significant corneal staining
 - Infection
 - Corneal vascularization
 - Dry eye
- 19. Short-term treatment duration with therapeutic CLs is suitable for all of the following EXCEPT?**
- Corneal abrasions
 - VKC
 - Wound leakage
 - Corneal exposure

- 20. If coloured fringes are seen with a Tearscope™ or similar device, what is the estimated thickness of the tear film lipid layer?**
- 50 – 70 nm
 - 80 – 89 nm
 - 90 – 180 nm
 - 181 - >200 nm
- 21. The ideal spectral radiance to excite sodium fluorescein is:**
- 455nm
 - 475nm
 - 495nm
 - 505nm
- 22. Which one of the following topographic maps is most likely to provide an approximation to the sodium fluorescein pattern of an RGP CL fit?**
- Elevation (corneal height) map
 - Instantaneous power map
 - Axial power map
 - Tangential map
- 23. During tear film imaging, tear thinning & tear film breaks will cause the following EXCEPT:**
- Distorted images
 - Increase reflected light
 - Decrease reflected light
 - Decrease image contrast
- 24. As per the Zernike polynomials series of wavefront descriptions, spherical aberration is:**
- Low-order aberration
 - Second-order aberration
 - Fourth-order aberration
 - Not of clinical significance in a CL context
- 25. What should be the FIRST step a newly-qualified CL practitioner takes when embarking on an internal marketing plan for his new practice?**
- Naming the practice
 - Determining the scope of the practice
 - Defining the image he wants to project
 - Developing a practice slogan and logo



- 26. According to Cameron and Veys (1995), what are the two MOST important things that people expect from professional people?**
- Good prices and discounts for loyalty (a frequent buyer programme)
 - Extensive advertising and extended operating hours
 - Honesty and integrity
 - Modern equipment and a large, comfortable waiting room
- 27. It has been shown that CL patients contribute more broadly to practice revenue than other patients, since they purchase not only CLs, but also care products, back-up spectacles, and sunglasses. How much more income than the average patient is it estimated that these patients generate in a practice?**
- 0.7 times more
 - 1.4 times more
 - 2.4 times more
 - 3.4 times more
- 28. Potentially, how many new patients is it estimated one satisfied patient could refer to the practice through word-of-mouth marketing?**
- 2
 - 5
 - 7
 - 10
- 29. According to Koetting (1992) to build customers for life one must:**
- Offer competitive discounts on CL care products
 - Offer no-charge very brief consultations if that's all that is required
 - Under promise and over deliver
 - Provide free after-care and follow-up visits as needed
- 30. The diamond rule of the general principles of Biomedical Ethics as mentioned by Harris (2000) is:**
- Put the patient's welfare before your own
 - Treat the patient in the way you would like to be treated
 - Treat the patient the way they want to be treated
 - Imagine being them, before doing unto them