

SECO Contact Lens Summit – The CL Journal Club

TQ

1. Which combination of findings is **required** to diagnose keratoconus according to current consensus?
 - A. Abnormal anterior curvature and reduced visual acuity
 - B. Abnormal posterior ectasia and abnormal corneal thickness distribution
 - C. Central corneal thinning and corneal scarring
 - D. Inferior steepening and increased corneal astigmatism

2. Compared to corneal topography, corneal tomography is considered superior for early keratoconus detection because it:
 - A. Measures only anterior corneal curvature
 - B. Is less affected by tear film instability
 - C. Provides more sensitive and specific assessment of posterior corneal changes
 - D. Requires less patient cooperation

3. Which factor most strongly influences recommended follow-up frequency for patients with keratoconus?
 - A. Central corneal thickness
 - B. Refractive error magnitude
 - C. Patient age
 - D. Amount of corneal astigmatism

4. Midday fogging in scleral lens wearers has been reported to occur in approximately what percentage of patients?
 - A. 10–20%
 - B. 25–35%
 - C. 40–45%
 - D. Up to 56%

5. Which of the following has been shown to contribute to midday fogging in scleral lens wear in addition to cellular debris and inflammatory markers?
 - A. Aqueous tear deficiency
 - B. Nonpolar hydrophobic lipids
 - C. Excess saline osmolarity
 - D. Lens material oxygen permeability

6. Which strategy is most appropriate when managing a scleral lens patient with persistent midday fogging?
 - A. Refit the lens immediately with increased vault
 - B. Attribute the issue solely to lens fit
 - C. Proactively manage underlying ocular surface disease
 - D. Discontinue scleral lens wear

7. What event marked the first FDA-approved soft contact lens for slowing myopia progression in children in the United States?
- A. Introduction of orthokeratology lenses
 - B. FDA approval of MiSight® 1 Day contact lenses in 2020
 - C. World Council of Optometry resolution in 2021
 - D. Publication of a 7-year myopia trial
8. According to the presentation, evidence-based myopia management combines how many main components?
- A. One
 - B. Two
 - C. Three
 - D. Four
9. According to the presenter, the FDA approval of MiSight® primarily changed clinical decision-making by:
- A. Making “doing nothing” harder to justify
 - B. Making myopia progression inevitable
 - C. Eliminating the need for clinical trials
 - D. Restricting myopia care to specialists
10. The referenced publication on scleral lenses reframed their role primarily as:
- A. Cosmetic vision correction tools
 - B. Devices limited to keratoconus
 - C. Therapeutic devices for ocular surface disease
 - D. Temporary post-surgical lenses
11. Which patient group was identified as an ideal candidate for therapeutic scleral lenses?
- A. Asymptomatic refractive surgery patients
 - B. Patients with ocular surface disease symptoms and signs
 - C. Patients with mild refractive error only
 - D. Pediatric patients without ocular disease
12. When fitting scleral lenses for ocular surface disease, which clearance approach is recommended?
- A. Excessive clearance to maximize comfort
 - B. No corneal clearance
 - C. Minimal but complete corneal clearance
 - D. Clearance limited to the central cornea only
13. According to the proposed fitting model cited, the post-lens tear layer should generally be:
- A. Greater than 300 microns
 - B. Less than or equal to 200 microns
 - C. Exactly 100 microns
 - D. Unlimited if using high-Dk materials

14. Patients with ocular surface disease are at greater risk for poor lens wetting and fogging. Which management strategy was recommended?
- A. Avoid toric haptics
 - B. Use preserved filling solutions
 - C. Aggressively treat meibomian gland dysfunction
 - D. Reduce lens diameter
15. Which strategy was emphasized as key to transforming contact lenses into a major business unit?
- A. Assigning a dedicated Contact Lens Manager
 - B. Eliminating follow-up visits
 - C. Doctor-only management of contact lenses
 - D. Limiting contact lens offerings
16. According to conclusions cited from the mid-1990s, what lens development strategy was proposed to reduce the risk of contact lens–related microbial keratitis?
- A. Increasing lens thickness
 - B. Improving oxygen transmissibility or developing true daily disposable lenses
 - C. Eliminating overnight wear entirely
 - D. Increasing lens replacement intervals
17. According to the Fleiszig & Evans four-step model discussed, which factor is not required for contact lens–related infection to occur?
- A. Bacterial evasion of innate immune defenses
 - B. Crossing of the epithelial basement membrane
 - C. Entry of bacteria into the corneal stroma
 - D. Corneal hypoxia
18. According to the presentation, UV exposure increases by approximately what percentage for every 1,000 feet above sea level?
- A. 2%
 - B. 5%
 - C. 10%
 - D. 15%
19. Which wavelength boundary for the transition from ultraviolet to visible light was identified as commonly used by health organizations?
- A. 360 nm
 - B. 380 nm
 - C. 400 nm
 - D. 420 nm
20. According to the HEV take-home points, why is some HEV (blue) light exposure considered necessary?
- A. It prevents cataract formation
 - B. It eliminates the risk of AMD
 - C. It reduces microbial contamination
 - D. It supports circadian rhythm and overall well-being

