

# Gas Permeable Contact Lenses - Introduction Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. True or False: Successful GP wearers are more likely to stay in lenses vs their SCL counterparts?**
  - A. True**
  - B. False**
  - C. Not sure**
  - D. Not applicable**
  
- 2. Which lens type has a smaller OAD with no impact on the limbus?**
  - A. Scleral lenses**
  - B. Gas-permeable lenses**
  - C. Soft contact lenses**
  - D. Hybrid lenses**
  
- 3. Which PMMA property is listed among its advantages?**
  - A. Wettability**
  - B. Brittleness**
  - C. Non-wetting**
  - D. Poor durability**
  
- 4. Do GP lenses provide total UV protection when UV blockers are used?**
  - A. Yes**
  - B. No**
  - C. Only if a secondary coating is applied**
  - D. It depends on the lens brand**
  
- 5. What are the four types of GP lens designs?**
  - A. Daily disposable soft lenses**
  - B. Hybrid and scleral**
  - C. Corneal GP (spherical, toric, multifocal), corneal GP (multicurve for irregular cornea), hybrid (GP lens in center, surrounded by soft CLs), scleral**
  - D. Corneal GP spherical only**

- 6. What is the number one cause of GP lens dropout?**
- A. Discoloration**
  - B. Discomfort**
  - C. Cleaning difficulties**
  - D. Lens loss**
- 7. PMMA or S/A wearers should be refit into a lower/higher Dk?**
- A. Lower**
  - B. Higher**
  - C. Same**
  - D. Not specified**
- 8. Which of the following was NOT listed as a pro of PMMA in old hard lens materials?**
- A. Poor oxygen permeability**
  - B. Durability**
  - C. Excellent optical quality**
  - D. Biocompatibility**
- 9. Which material is fluorinated to produce fluorine addition?**
- A. Hydrogel**
  - B. PMMA**
  - C. Fluoro-silicone/acrylate**
  - D. Silicone/acrylate**
- 10. Do GP wearers tend to purchase glasses more frequently than soft contact lens wearers?**
- A. No**
  - B. Not sure**
  - C. Only sometimes**
  - D. Yes**

## Answers

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1. A
2. B
3. A
4. B
5. C
6. B
7. A
8. A
9. C
10. D

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## **Explanations**

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**1. True or False: Successful GP wearers are more likely to stay in lenses vs their SCL counterparts?**

**A. True**

**B. False**

**C. Not sure**

**D. Not applicable**

When someone truly succeeds with gas permeable lenses, they tend to stay with that modality because the benefits become clear and consistent over time. A successful GP wearer often enjoys stable, sharp vision—especially for irregular or higher astigmatism—paired with good ocular health from reliable oxygen transmission. Once the fit is comfortable and the eye adapts, these advantages reduce common reasons people abandon lens wear, such as fluctuating vision, discomfort, or lens handling issues. In contrast, soft lenses can bring initial comfort quickly but may lead to ongoing dryness, deposits, or more frequent lens changes for some users, making discontinuation or switching more likely. So, the overall experience once GP wear is successful tends to promote longer-term continuation in GP lenses relative to soft contact lenses.

**2. Which lens type has a smaller OAD with no impact on the limbus?**

**A. Scleral lenses**

**B. Gas-permeable lenses**

**C. Soft contact lenses**

**D. Hybrid lenses**

Gas-permeable lenses use a small-diameter design that centers on the cornea, so the overall diameter stays within the corneal boundary and does not reach the limbus. This means they don't interact with or press on the limbal tissue, preserving the limbal area. In contrast, scleral lenses require a much larger overall diameter to vault the cornea and rest on the sclera, which naturally extends over the limbus. Soft contact lenses generally have larger diameters and can cover the limbal region depending on the exact size, while hybrid lenses combine a rigid center with a soft skirt and often have an OAD that approaches the limbus as well.

**3. Which PMMA property is listed among its advantages?**

**A. Wettability**

**B. Brittleness**

**C. Non-wetting**

**D. Poor durability**

Wettability is about how readily tear film spreads across the lens surface. A lens material that wets well allows the tear film to form a continuous, smooth layer, which reduces surface friction, enhances comfort, and helps keep the surface clean and stable during wear. PMMA can be finished or treated to improve this wetting behavior, making wettability a beneficial property for rigid lenses. In contrast, brittleness, non-wetting, and poor durability describe drawbacks: brittleness risks cracking, non-wetting leads to dry spots, and poor durability means the lens wears out faster. So, among these options, the positive property is good wettability.

**4. Do GP lenses provide total UV protection when UV blockers are used?**

**A. Yes**

**B. No**

**C. Only if a secondary coating is applied**

**D. It depends on the lens brand**

UV protection from gas permeable lenses is partial, not complete. Lenses with UV-blocking additives can significantly reduce UV reaching the cornea, especially UV-B and some UV-A, but they do not block every ray. UV can still reach the eye from angles around the lens, and some wavelengths may slip through the material depending on the specific product. The lids and surrounding tissues aren't covered by the lens, so exposure isn't entirely eliminated. Because attenuation varies by material and even the best blockers don't provide perfect shielding, you can't rely on the lens alone for total UV protection. The safest approach is to wear sunglasses with 100% UV protection (and proper fit) in addition to GP lenses.

**5. What are the four types of GP lens designs?**

**A. Daily disposable soft lenses**

**B. Hybrid and scleral**

**C. Corneal GP (spherical, toric, multifocal), corneal GP (multicurve for irregular cornea), hybrid (GP lens in center, surrounded by soft CLs), scleral**

**D. Corneal GP spherical only**

The main idea here is recognizing the four broad GP lens design families based on how the lens sits on the eye and how the back surface is shaped to match corneal shape and vision needs. Corneal GP designs include lenses with back surfaces that align with the cornea to correct refractive error. This category includes spherical back surfaces for simple refractive errors, toric back surfaces to address corneal astigmatism, and multifocal back surfaces to provide clear vision at multiple distances. Within this approach, there is also a multicurve back surface option used for irregular corneas, where the back curve is tailored in multiple zones to better fit an uneven surface. Hybrid lenses combine a rigid GP center with a soft skirt around the periphery. This design aims to deliver the optical benefits of GP optics while improving comfort by using the soft material at the edge. Scleral lenses are larger-diameter GP designs that rest on the sclera and vault over the cornea, creating a tear-filled reservoir. They're especially helpful for severely irregular corneas or ocular surface disease, providing stable vision and excellent comfort. So, the four major GP designs are corneal GP variants (spherical, toric, multifocal), corneal GP with a multicurve for irregular corneas, hybrid, and scleral. The other options don't capture this grouping: daily disposable lenses are soft, and limiting to spherical corneal GP ignores toric and multifocal needs and the irregular-corneal multicurve option.

## 6. What is the number one cause of GP lens dropout?

- A. Discoloration
- B. Discomfort**
- C. Cleaning difficulties
- D. Lens loss

The main idea here is that patient comfort drives whether someone continues wearing gas-permeable lenses. GP lenses sit on the eye and rely on a stable tear film and a smooth edge—any irritation from a rough edge, poor lens fit, or dryness can make wearing uncomfortable. When discomfort is persistent, wearers shorten or stop wearing the lenses, so dropout tends to track with comfort issues more than with other problems. Discoloration, while not ideal, doesn't inherently prevent wearing and is rarely the sole reason someone stops using GP lenses unless it accompanies irritation. Cleaning difficulties can be frustrating and may lead to improper care or lens damage, but with proper instruction many wearers overcome this, so it's not typically the top reason. Lens loss is disruptive and unfortunate, but it occurs less frequently as the primary cause of long-term dropout compared to ongoing discomfort.

## 7. PMMA or S/A wearers should be refit into a lower/higher Dk?

- A. Lower**
- B. Higher
- C. Same
- D. Not specified

Dk is the measure of how much oxygen can pass through a contact lens material. The higher the Dk, the more oxygen reaches the cornea. For PMMA lenses, which have essentially no oxygen permeability, and for many S/A (soft/acrylate) materials that are less permeable than silicone hydrogel options, improving corneal oxygen supply is the main goal when refitting. That means, in practice, you look to move to a higher Dk material (often with a thinner lens design or a material that offers better oxygen transmission) to reduce corneal hypoxia and edema risk. So, the tendency is to refit into a higher Dk lens to promote healthier corneal physiology during wear. The option stating a lower Dk would reduce oxygen delivery and is generally not the preferred choice for PMMA or S/A wearers, unless there's a very specific, context-driven reason not captured in the prompt.

**8. Which of the following was NOT listed as a pro of PMMA in old hard lens materials?**

- A. Poor oxygen permeability**
- B. Durability**
- C. Excellent optical quality**
- D. Biocompatibility**

Oxygen permeability is what determines how freely oxygen passes through a lens to reach the cornea. PMMA provided several practical advantages for old hard lenses: it's mechanically durable, maintains a high-quality optical surface, and is biocompatible with eye tissues. But its oxygen permeability is poor, meaning it blocks oxygen more than modern materials do. That limitation is a disadvantage, not a benefit, so describing poor oxygen permeability as a pro would be incorrect. The other listed properties—durability, excellent optical quality, and biocompatibility—are the qualities that made PMMA appealing in its time.

**9. Which material is fluorinated to produce fluorine addition?**

- A. Hydrogel**
- B. PMMA**
- C. Fluoro-silicone/acrylate**
- D. Silicone/acrylate**

Fluorination of a lens polymer is done to introduce fluorine into the polymer, which helps tune properties like chemical resistance and oxygen permeability. The material that is fluorinated to produce fluorine addition is fluorosilicone/acrylate because its formulation includes fluorinated siloxane segments (and often fluorinated acrylate monomers). Those fluorinated components explicitly add fluorine into the polymer, giving a fluorine-rich structure that can improve oxygen permeability while maintaining desirable mechanical properties. The other options rely on non-fluorinated or less fluorinated chains, so they don't involve the intentional fluorine incorporation that defines fluorosilicone/acrylate.

**10. Do GP wearers tend to purchase glasses more frequently than soft contact lens wearers?**

- A. No**
- B. Not sure**
- C. Only sometimes**
- D. Yes**

Rigid gas-permeable lenses can temporarily reshape the surface of the cornea as you wear them. This molding changes the cornea's curvature, which directly alters refractive power. When you're not wearing the lenses, the cornea may revert toward its original shape, but during or after long-term GP wear the refraction measured for glasses can shift. Since soft lenses don't exert the same steady molding effect, their impact on the corneal shape—and thus on the spectacle prescription—is typically smaller. Because GP wearers are more prone to these corneal changes, they often find they need to refresh their glasses prescription more frequently to match the current refractive state.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

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**We wish you the very best on your exam journey. You've got this!**

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