

GAS PERMEABLE CONTACT LENSES – LENS FITTING, CARE, AND PATIENT EDUCATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://gaspermcontactlensfittingcare.examzify.com>



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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. Most people tend to over minus GP lenses.**
 - A. Over-plus GP lenses
 - B. Under-plus GP lenses
 - C. Equal to K power
 - D. Over-minus GP lenses
- 2. Which product is a dedicated protein remover?**
 - A. Progent Protein Remover
 - B. Boston One-Step Enzymatic Cleaner
 - C. Unique pH
 - D. Clean
- 3. Which statement about hyper Dk GP lenses and warpage is correct?**
 - A. They are more prone to warpage due to softness
 - B. They are less prone to warpage due to rigidity
 - C. They never warp
 - D. Warpage is unrelated to material softness
- 4. For a previous GP wearer with new lenses, what should the follow-up schedule include?**
 - A. order lenses and schedule for dispense, A+R training
 - B. review wear and care regimen only
 - C. order lenses and schedule for dispense, review wear and care regimen
 - D. A+R training only
- 5. To confirm competence in GP lens handling, a patient should be able to insert and remove the lens at least how many times?**
 - A. 3
 - B. 2
 - C. 4
 - D. 6

6. When a flat GP lens is judged to be too flat, how should the outer optic diameter (OAD) be adjusted?
- A. No change
 - B. Reverse
 - C. Larger
 - D. Smaller
7. Which practice is recommended for rinsing GP lenses to reduce infection risk?
- A. sodium chloride solutions or MPS
 - B. tap water
 - C. distilled water
 - D. no rinse required
8. What is the axis of the manifest refraction in the example?
- A. 090
 - B. 270
 - C. 135
 - D. 180
9. What is the contact lens power for this patient after selecting BC?
- A. -1.8125
 - B. -1.25
 - C. -2.00
 - D. -0.75
10. What is one mechanism by which disinfectants work in GP lens care products?
- A. They use preservatives
 - B. They change the lens material
 - C. They require heating the lens before use
 - D. They repair micro-scratches on the lens

Answers

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

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Explanations

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1. Most people tend to over minus GP lenses.

- A. Over-plus GP lenses
- B. Under-plus GP lenses
- C. Equal to K power
- D. Over-minus GP lenses**

When a gas-permeable lens sits on the eye, the thin tear film between the cornea and the back surface of the lens acts as its own optical layer. This tear lens usually contributes a small amount of plus power due to its curvature and thickness. So, even if you select a GP lens power based on the manifest refraction, the tear layer makes the overall optics less myopic than the lens alone would indicate. To compensate for that extra plus influence and achieve the desired retinal focus, clinicians often prescribe a slightly more minus power than the manifest refraction suggests. That tendency to push the power more negative is what we mean by over-minus GP lenses. Over-plus would hypercorrect, and equal to the cornea's power or under-plus wouldn't account for the tear lens's plus contribution, so they're not as consistent with typical GP tear-lens effects.

2. Which product is a dedicated protein remover?

- A. Progent Protein Remover**
- B. Boston One-Step Enzymatic Cleaner
- C. Unique pH
- D. Clean

Proteins from the tear film can stick to gas-permeable lenses and be hard to remove with simple rinsing. A dedicated protein remover is formulated specifically to target and break down these protein deposits on the lens surface. Progent Protein Remover is labeled for this exact purpose, making it the best choice for removing protein buildup. Enzymatic cleaners do use enzymes to break down organic matter, including proteins, but they're general cleaners rather than products marketed specifically as protein removers. The other options are not focused on protein removal, so they're less appropriate for this task. Use according to the manufacturer's instructions and ensure compatibility with your lens material.

3. Which statement about hyper Dk GP lenses and warpage is correct?

- A. They are more prone to warpage due to softness**
- B. They are less prone to warpage due to rigidity
- C. They never warp
- D. Warpage is unrelated to material softness

The key idea is that material rigidity protects against warpage. Hyper Dk GP lenses are rigid gas-permeable lenses, so they maintain their shape and resist deformation much more than soft lenses. Warpage tends to occur more readily when the material is soft and pliable, which is why soft contact lenses are more prone to it. While high oxygen permeability (high Dk) is a property about oxygen flow, it doesn't make the lens soft; it keeps it rigid enough to resist warpage under normal care and wear. So the statement that they are less prone to warpage due to their rigidity is the best fit. The option suggesting they're more prone because they're soft contradicts the rigid nature of GP materials. Saying they never warp is incorrect because extreme heat or certain solutions can still cause deformation, and warpage is indeed related to how easily a material can deform. Finally, claiming warpage is unrelated to softness misses the clear link between material stiffness and deformation tendency.

4. For a previous GP wearer with new lenses, what should the follow-up schedule include?

- A. order lenses and schedule for dispense, A+R training
- B. review wear and care regimen only
- C. order lenses and schedule for dispense, review wear and care regimen**
- D. A+R training only

When a patient who already wears GP lenses gets a new set, the follow-up should cover both getting the lenses ordered and scheduled for the dispense, and a thorough review of wear and care. Ordering ensures the correct lenses are obtained and the patient knows when to come in to pick them up or have the final fitting completed. Reviewing wear and care establishes how to insert, remove, clean, disinfect, store, and replace the lenses, which is crucial for GP lenses that rely on precise, careful handling to maintain corneal health and comfort. If you only focus on dispensing or only on training, you miss essential steps that ensure proper lens fit and safe, effective wear. So the best approach combines arranging the lenses for dispense with a comprehensive review of wear and care.

5. To confirm competence in GP lens handling, a patient should be able to insert and remove the lens at least how many times?

- A. 3**
- B. 2
- C. 4
- D. 6

Mastery of GP lens handling hinges on reliably performing the basic manipulations without assistance. Requiring a patient to insert and remove the lens at least three times ensures they can coordinate finger movements, manage lens orientation, and complete the steps of cleaning, positioning, and verifying comfort with minimal cues. This minimum demonstrates safe, independent handling: the lens can be centered properly, remains stable, and can be removed safely without applying excessive force or risking corneal irritation. If a patient can perform three successful attempts confidently, they've shown the practical competency needed for routine wear; if not, more guided practice is needed until they can. For GP lenses, repeated practice helps solidify careful handling because these lenses are smaller and more sensitive to edge misalignment and lid interaction.

6. When a flat GP lens is judged to be too flat, how should the outer optic diameter (OAD) be adjusted?

- A. No change
- B. Reverse
- C. Larger**
- D. Smaller

A flat GP lens often sits high on the cornea with insufficient peripheral alignment, so the edge lacks stable engagement. Increasing the outer optic diameter enlarges the contact area around the eye, letting the edge sit on a more stable scleral region and improving centration and lid interaction. This reduces excessive movement and center-to-edge mismatch that come from a lens that's too flat. Making the diameter smaller would worsen edge engagement and stability, so the best adjustment is to use a larger diameter.

7. Which practice is recommended for rinsing GP lenses to reduce infection risk?

A. sodium chloride solutions or MPS

B. tap water

C. distilled water

D. no rinse required

Rinsing GP lenses with a sterile, eye-safe medium helps remove surface debris and lowers the amount of microbes on the lens before it contacts the eye. Sterile saline solutions (sodium chloride) and multipurpose solutions are specifically formulated for lens use, providing an isotonic, clean rinse that won't introduce pathogens or irritants. In contrast, tap water can harbor bacteria, amoebae, and other microorganisms that pose a real risk of eye infection, while distilled water is not sterile for ocular use and can carry contaminants and cause osmotic or material compatibility issues with the lens. No rinse is not advisable because deposits and residual cleaning/disinfection solutions can remain on the lens, increasing infection risk.

8. What is the axis of the manifest refraction in the example?

A. 090

B. 270

C. 135

D. 180

In a manifest refraction, the axis tells you which meridian has no cylinder power; the cylinder power is oriented 90 degrees away from that axis. An axis value of 180 degrees means the axis line is horizontal (left to right), so the cylinder power is applied in the vertical meridian. Therefore, if the example shows an axis of 180, the axis is the horizontal meridian, and the cylinder correction lies along the vertical meridian. (Note: 0 and 180 refer to the same axis, while 90 and 270 refer to the same perpendicular axis, and 135 is an oblique axis.)

9. What is the contact lens power for this patient after selecting BC?

A. -1.8125

B. -1.25

C. -2.00

D. -0.75

The essential idea is that a contact lens corrects the eye at the corneal plane, not at the spectacle plane. To translate a spectacles prescription into a contact lens power, you apply a back vertex distance correction so the power at the cornea matches the refraction needed. The standard formula is $P_{CL} = P_S / (1 - d \times P_S)$, where P_S is the spectacle power (in diopters) and d is the distance from the spectacle plane to the cornea (in meters). Because the lens sits much closer to the eye, the resulting CL power is typically slightly different from the spectacle power; the magnitude may become a bit less (for myopes) or a bit more for hyperopes, depending on the data. In this case, applying the back-vertex correction with the given data yields a contact lens power of -1.8125 diopters, which is the value needed to achieve the correct correction with the chosen base curve. The other options don't align with the corneal-plane correction under the same data and vertex-distance assumptions. Keep in mind that small changes in the assumed vertex distance can shift the calculated power by a fraction of a diopter.

10. What is one mechanism by which disinfectants work in GP lens care products?

- A. They use preservatives**
- B. They change the lens material
- C. They require heating the lens before use
- D. They repair micro-scratches on the lens

Disinfection in GP lens care products often relies on antimicrobial preservatives added to the solution. These preservatives stay in the solution and help prevent microbial growth, protecting both the lens and the eye from contamination as you store, handle, and wear the lenses. They work by interfering with microbial cells—disrupting membranes, inhibiting essential enzymes, or otherwise hindering metabolism—so that bacteria, fungi, or algae don't multiply. This is a common mechanism because it provides ongoing protection during use without requiring special steps like heating. Some GP systems also use peroxide-based disinfection, which works through oxidation rather than preservatives, but many standard disinfecting formulations rely on preservatives for their antimicrobial action. The other options—changing the lens material, heating the lens, or repairing scratches—don't disinfect.

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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.

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

<https://gaspermcontactlensfittingcare.examzify.com>

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

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