National Contact Lens Examiners (NCLE) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **What should be the first step before fitting a patient for contact lenses?**

   A. A comprehensive eye examination

   B. A fitting trial with sample lenses

   C. A discussion about lens options with the patient

   D. An assessment of the patient's prescription history

2. **When an office visit is documented in a patient's records, the final notation on the chart should be the:**

   A. patients "K" readings

   B. patients overall satisfaction with the contact lenses

   C. recommended time until the patients next office visit

   D. results of the patients visual acuity assessment

3. **What is the role of punctal occlusion in dry eye management?**

   A. To improve color perception

   B. To maintain eye freshness

   C. To help retain tears/moisture by blocking tear ducts

   D. To provide additional eye lubrication

4. **What should be used to wipe evaluation instruments that touch patient's skin, lashes, or lenses?**

   A. Multipurpose solution

   B. Contact lens surfactant cleaner

   C. Contact lens disinfecting solution

   D. Isopropyl alcohol

5. **What is the significance of lens diameter in contact lens fitting?**

   A. It affects the type of material used

   B. It influences the aesthetic appearance of the lens

   C. It affects the coverage and comfort of the lens on the eye

   D. It determines the prescription strength

6. During a fluorescein evaluation of a rigid lens, a fitter observes absence of fluorescein horizontally, with pooling vertically, in a patient with with-the-rule astigmatism. What type of lens would be most appropriate?

A. Bitoric GP

B. Front toric GP

C. Lenticular GP

D. Single-cut GP

7. Patients with high riding rigid lenses often have which condition?

A. high myopia

B. against-the-rule astigmatism

C. aphakia

D. steep-fitting lenses

8. A patient who is wearing a GP lens complains of a "scratching sensation." Which of the following instruments would be most valuable in determining the cause of the discomfort?

A. Measuring magnifier

B. Topogometer

C. Thickness gauge

D. Radiuscope

9. What does the term contraindication refer to in contact lens fitting?

A. A procedure that enhances lens comfort

B. A condition that necessitates lens use

C. A factor that suggests not using a specific lens

D. A recommendation for lens care

10. What is a correct statement regarding fluorescein evaluation of a rigid lens?

A. Apical touch with pooling in the PPC curve area is preferred

B. Apical toxicity may not be obvious

C. Apical pooling with edge touch is recommended

D. Apical area, mid-peripheral area, and the lens edges should be assessed

Answers

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

Explanations

1. What should be the first step before fitting a patient for contact lenses?

A. A comprehensive eye examination

B. A fitting trial with sample lenses

C. A discussion about lens options with the patient

D. An assessment of the patient's prescription history

The first step before fitting a patient for contact lenses is conducting a comprehensive eye examination. This vital assessment allows the eye care practitioner to evaluate the overall health of the patient's eyes and identify any conditions that may affect contact lens wear, such as dry eye syndrome, corneal irregularities, or ocular diseases. During the comprehensive examination, the practitioner can also determine the patient's visual acuity and establish an updated prescription for vision correction. This foundational information is essential, as it guides the selection of appropriate contact lenses that will meet the patient's specific visual and lifestyle needs. Without this thorough evaluation, there could be significant risks involved in fitting a patient for contact lenses prematurely, including compromising eye health or providing inadequate vision correction. Other steps, while important in the fitting process, should follow the comprehensive examination. For instance, a fitting trial with sample lenses can only be effectively done once the practitioner knows the patient's specific needs and eye health. Similarly, discussing lens options is best informed by the results of the eye exam, as those results dictate which options are viable for the patient. An assessment of the patient's prescription history, though helpful, cannot replace the necessity of a new, comprehensive evaluation tailored to the current condition and needs of the patient's eyes.

2. When an office visit is documented in a patient's records, the final notation on the chart should be the:

A. patients "K" readings

B. patients overall satisfaction with the contact lenses

C. recommended time until the patients next office visit

D. results of the patients visual acuity assessment

The final notation on a patient's chart should include the recommended time until the next office visit. This is crucial for several reasons. It helps to establish a clear follow-up plan for the patient, ensuring they receive appropriate care at regular intervals. Recording the next appointment allows for effective management of the patient's ongoing eye health and contact lens needs. It demonstrates the practitioner's commitment to continuity of care and allows both the patient and the office to keep track of upcoming needs for re-evaluation and adjustments. While other elements like the patient's "K" readings, overall satisfaction with contact lenses, and visual acuity assessment results are important and should be documented, they generally serve to inform the current status of the patient rather than the future care plan. In contrast, the recommended time for the next office visit directly influences the patient's care trajectory, reinforcing the importance of timely follow-up in maintaining optimal eye health.

3. What is the role of punctal occlusion in dry eye management?

A. To improve color perception

B. To maintain eye freshness

C. To help retain tears/moisture by blocking tear ducts

D. To provide additional eye lubrication

Punctal occlusion is primarily utilized in dry eye management to enhance the retention of tears and moisture in the ocular surface. By blocking the puncta, which are the small openings in the eyelids that drain tears away from the surface of the eye, punctal plugs or other means of occlusion prevent tears from draining too quickly. This retention leads to an overall increase in tear volume on the eye, which can alleviate symptoms of dryness and discomfort associated with dry eye syndrome. In this context, while additional lubrication and improved comfort are certainly benefits that may arise from increased tear retention, the fundamental mechanism and the primary purpose of punctal occlusion focus specifically on minimizing tear loss. This critical intervention means that the tears stay on the surface longer, thus providing necessary moisture, supporting the tear film, and enhancing overall ocular health.

4. What should be used to wipe evaluation instruments that touch patient's skin, lashes, or lenses?

A. Multipurpose solution

B. Contact lens surfactant cleaner

C. Contact lens disinfecting solution

D. Isopropyl alcohol

Using isopropyl alcohol to wipe evaluation instruments that come into contact with a patient's skin, lashes, or lenses is an effective choice due to its strong disinfectant properties. Isopropyl alcohol is known for its ability to kill a wide range of bacteria and viruses, making it suitable for sanitizing surfaces and equipment that may harbor pathogens after coming in contact with human tissue. Its rapid evaporation furthers its utility, as it leaves minimal residue and minimizes potential irritation or reaction when the instruments are reused. When considering other cleaning options, it's important to note that multipurpose solutions and contact lens surfactant cleaners typically serve different purposes, such as cleaning lenses rather than disinfecting instruments. Contact lens disinfecting solutions are formulated to disinfect lenses rather than surfaces and may not provide the same level of effectiveness when used on evaluation instruments. Therefore, they do not offer the same assurance of thorough sanitation required in a clinical setting where patient safety is paramount.

5. What is the significance of lens diameter in contact lens fitting?

A. It affects the type of material used

B. It influences the aesthetic appearance of the lens

C. It affects the coverage and comfort of the lens on the eye

D. It determines the prescription strength

The significance of lens diameter in contact lens fitting lies primarily in how it affects the coverage and comfort of the lens on the eye. A lens with the appropriate diameter ensures that it adequately covers the cornea, providing both comfort and optimal visual function. If the diameter is too small, the lens may not provide sufficient coverage, potentially leading to discomfort and visual issues. Conversely, if the diameter is too large, the lens may encroach on the limbus or even the conjunctiva, which can also lead to discomfort and even irritation. Furthermore, the lens diameter plays a critical role in ensuring proper alignment with the eye's anatomy. A well-fitting lens should center properly on the cornea, allowing for natural movement with the blink and providing stable vision clarity. When a lens is correctly fitted in terms of diameter, it contributes to a better overall wearing experience, ensuring that the lens stays comfortably in place during daily activities. In summary, the diameter is crucial for achieving the right fit, which directly influences both the comfort experienced by the wearer and the effectiveness of the lens in providing clear vision.

6. During a fluorescein evaluation of a rigid lens, a fitter observes absence of fluorescein horizontally, with pooling vertically, in a patient with with-the-rule astigmatism. What type of lens would be most appropriate?

A. Bitoric GP

B. Front toric GP

C. Lenticular GP

D. Single-cut GP

In this scenario, the observation of fluorescein pooling vertically with an absence of fluorescein horizontally indicates the nature of the lens fitting issue related to the corneal shape, particularly in the context of with-the-rule astigmatism. With-the-rule astigmatism typically means that the cornea has more curvature along the horizontal meridian than the vertical one. To effectively correct vision in a patient with this type of astigmatism, a bitoric gas permeable (GP) lens is most suitable. Bitoric lenses have both front and back toricity, allowing them to align with the cornea's shape while providing optimal correction for different meridians of astigmatism. This is important because it helps ensure proper coverage and pooling of the fluorescein, which signals an even fitting across the lens surface. This choice ensures alignment with the corneal irregularities associated with with-the-rule astigmatism. Other options, like front toric GP or single-cut GP lenses, may not provide the same level of customization necessary for fitting uneven curvatures, leading to poor visual acuity and discomfort.

7. Patients with high riding rigid lenses often have which condition?

A. high myopia

B. against-the-rule astigmatism

C. aphakia

D. steep-fitting lenses

High riding rigid lenses are commonly associated with aphakia. When a patient is aphakic, it means that they have had the lens of the eye removed, usually due to cataract surgery. Without the natural lens, the eye often requires a lens to be positioned in a way that maintains proper vision and alignment. Rigid gas permeable lenses (RGPs) can sometimes ride higher on the eye due to the shape of the cornea and the fit of the lens. Patients who are aphakic can experience difficulties with lens fitting; therefore, high riding lenses can be a common scenario as practitioners strive to find an optimal fit to provide clear vision. The design of the lens may be altered to accommodate this condition, leading to the lens sitting higher than usual. The other options, while they may influence lens fitting or vision, do not specifically correlate with the phenomenon of high riding lenses to the same extent as aphakia.

8. A patient who is wearing a GP lens complains of a "scratching sensation." Which of the following instruments would be most valuable in determining the cause of the discomfort?

A. Measuring magnifier

B. Topogometer

C. Thickness gauge

D. Radiuscope

The most valuable instrument for determining the cause of a "scratching sensation" experienced by a patient wearing a GP lens is the measuring magnifier. This tool allows the practitioner to closely examine the surface of the lens and check for any debris, scratches, or irregularities that could cause discomfort. By magnifying the lens material, it is possible to detect subtle surface imperfections that might not be visible to the naked eye, thereby helping to diagnose the reason behind the patient's discomfort. In the context of the other options, while a topogometer is excellent for assessing the curvature and fit of the lens, it does not directly examine surface defects that could cause the scratching sensation. A thickness gauge is used to measure the lens thickness but would not provide insight into the surface irregularities. A radiuscope is helpful for assessing the base curve of the lens but does not assist in identifying surface wear or contaminations that might cause irritation. Therefore, the measuring magnifier is the most appropriate choice for examining the lens's surface qualities that could be responsible for the patient's symptoms.

9. What does the term contraindication refer to in contact lens fitting?

A. A procedure that enhances lens comfort

B. A condition that necessitates lens use

C. A factor that suggests not using a specific lens

D. A recommendation for lens care

The term contraindication in contact lens fitting specifically refers to a factor that suggests not using a specific lens. This could involve various medical conditions, anatomical considerations, or other factors that could lead to negative outcomes if a contact lens is worn. Understanding contraindications is crucial for the safety and well-being of the patient, as it helps to identify situations where contact lens wear could pose risks, such as eye infections, corneal hypoxia, or other complications. In contact lens fitting, it is essential to evaluate the patient's eye health, history, and lifestyle to determine if there are any reasons that would make wearing contact lenses inadvisable. For example, if a patient has a severe eye infection, dry eye syndrome, or certain allergies, these may be contraindications that lead to the recommendation of alternative vision correction methods rather than contact lenses. While procedures aimed at enhancing lens comfort, conditions necessitating lens use, and recommendations for lens care are relevant to contact lens fitting, they do not accurately encapsulate the meaning of contraindications, which focus exclusively on avoiding specific lenses under certain circumstances.

10. What is a correct statement regarding fluorescein evaluation of a rigid lens?

A. Apical touch with pooling in the PPC curve area is preferred

B. Apical toxicity may not be obvious

C. Apical pooling with edge touch is recommended

D. Apical area, mid-peripheral area, and the lens edges should be assessed

The selection of assessing the apical area, mid-peripheral area, and lens edges during a fluorescein evaluation of a rigid lens is important for several reasons. This method provides a comprehensive inspection of how the lens fit interacts with the cornea and the surrounding ocular tissues. When evaluating the fit of a rigid gas permeable (RGP) lens, fluorescein dye highlights areas of pooling and clearance, indicating how the lens interacts with the tear film. Assessing the apical area helps determine if the central portion of the lens is fitting appropriately without causing excessive pressure on the cornea. The mid-peripheral area review is crucial as this region can indicate the overall lens centration and alignment with the cornea. Lastly, inspecting the lens edges is necessary to assess how well they conform to the eye, as improper edge fitting can lead to discomfort or lens dislodgment. Thus, this holistic assessment ensures that any potential issues with the fit can be identified and addressed, leading to a more comfortable lens-wearing experience for the patient and minimizing the risk of complications, thereby solidifying the correctness of this statement.