

The “Perfect” I&R Session

(Home Study Course HS-21)

by

Anthony Record, LDO
Optical Seminars, Inc.
PO Box 5445
Spring Hill, FL 34611-5445
homestudy@opticalseminars.com
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Course Objectives

Upon completing this one-hour home study module, participants should:

- Be more aware of how contact lenses are embraced in the definition of opticianry
- Understand the importance of strategic planning when it comes to scheduling CL patients
- Be ready to apply the Six Key Factors to Success in an I&R Session
- Be able to teach more effective pre-placement techniques during an I&R session
- Be more adept at teaching new wearers to place the lenses on their eyes
- Be more adept at teaching new wearers to remove the lenses from their eyes
- Start to use more proactive and effective language to check for understanding
- Score a minimum of 70% on the Final Assessment



Introduction

I would direct your attention back to the title of this CE (continuing education) module: The “Perfect” I&R Session. As most of you know, there are three main reasons in the English language to use quotation marks. First, when you are quoting someone directly. For example: Anthony said, “I know someone who can perform a perfect I&R session.” Second, we use it in certain titles. For example: My favorite chapter of the Nathaniel Hawthorne’s *The Scarlet Letter* is “Hester at Her Needle.” Third, and finally, we use quotation marks when we use a word or phrase, but we do not mean it in its literal sense. Perhaps we are using it in an exaggerated or sarcastic way. For example, naming a continuing education course, The “Perfect” I&R Session.

Which was a long-winded way of saying, despite its title, this CE module does not purport to be perfect. Chances are, some of you might even have better techniques you use when teaching someone to wear contact lenses than are contained herein. In setting some ground-rule definitions, in this module, when referring to an I&R (insertion and removal) session I am referring to a session where an ECP (eye-care professional) is teaching a patient to wear contact lenses for the very first time. What this course seeks to do is bring together more than 30 years of conducting I&R sessions, observing the good, bad, and ugly techniques used by opticians, optometrists, and ophthalmic assistants in a variety of optical environments: private practice, corporate practice, and big-box stores. I will share what I have discovered are best practices. I will also warn against some things that can derail the whole process. Throughout my career, I have conducted I&R sessions with children as young as seven years old and adults in their 60s who wish to wear contact lenses for the first time in their life.

The most important reason for this module can be found in Florida Statute 484, which is the original section of the law that governs our profession. It reveals why opticians in the state are licensed in the first place: “The Legislature finds that the practice of opticianry by unskilled and incompetent practitioners presents a danger to the public health and safety.” With everything we do in our day-to-day practice of opticianry, we should keep that purpose in the back of our minds. It is also worth briefly visiting Florida Statute 484.002 where the legislature defines many of the terms we use in our profession. FS484.002(3) defines opticianry this way: “‘Opticianry’ means the preparation and dispensing of lenses, spectacles, eyeglasses, contact lenses, and other optical devices to the intended user or agent thereof, upon the written prescription of a licensed allopathic or osteopathic physician or optometrist who is duly licensed to practice or upon presentation of a duplicate prescription.” It is this section of the law that also defines what a contact lens is. Importantly, that definition includes contacts used solely for cosmetic purposes.

One last thing to consider in this introduction: I cannot imagine any action an optician could take, nor any mistake he or she could make dealing with eyeglasses that could potentially cause blindness. On the other hand, consider this information – taken directly from Prevent Blindness: “Acanthamoeba keratitis is a severe, painful infection of the cornea, the transparent outer covering of the eye, which usually causes scarring and, if undiagnosed and untreated, can lead to blindness. In the most severe cases, a corneal transplant is necessary. The infection is believed to be caused through exposure of the eye to water contaminated with the amoeba Acanthamoeba, a free-living organism. Individuals who wear contact lenses are at the highest risk for contracting the infection. The two biggest risk factors are: poor lens hygiene and exposure to water while wearing lenses.”



(Acanthamoeba Keratitis)

The two biggest factors in one condition that can cause permanent blindness in a contact lens wearer: poor hygiene and exposure to water while wearing lenses – just two of the dozens of nuggets of information that if communicated properly in an I&R session might help to save a patient’s vision, and help to make it the most “perfect” I&R session it could be.

II Strategic Planning and Scheduling

This section will be short and sweet. Of all the sections and suggestions in this module, this one is going to come across as trivial and insignificant, but it is something very few ECPs and front-desk people pay attention to. And it is important.

Pay attention to *how* and *when* CL (contact lens) patients are scheduled. In terms of *how*, do not schedule two new CL patients back-to-back. Why? If two new CL patients are scheduled in a row, it will inevitably cause the doctor to quickly fall behind. That in turn may have the effect of rushing the I&R session...and the dominoes continue to fall. Limit new CL patients to one every few hours.

In terms of *when* CL patients are scheduled, never make the last patient of the day a first-time wearer. Why? Because even the most professional and diligent ECP is only human and wants to get off on time. A late-scheduled I&R will be rushed and performed with an attitude of nonchalance – something we will learn later is a dangerous approach.



III Six Key Factors for a Successful I&R Session

An article that appeared in *Contact Lens Spectrum* entitled, “What Contact Lens Dropout Costs and How to Prevent It,” by John Rumpakis, OD, MBA, indicates that 16% of people who begin to wear contact lenses drop out, that is, they begin to wear contact lenses, but then for whatever reason(s) – they quit! My experience tells me that many of those dropouts could be traced back to inadequate training during the I&R session. Here then are six factors that will lead to success, along with one key piece of information that can make all the difference in the world in terms of a patient more quickly and effectively place the contact lens on the eye.

1. **Demonstrate Proper Personal Hygiene and Cleanliness.** Notice I said “demonstrate,” not “talk about.” Even if you thoroughly washed your hands two minutes before your client arrived for his I&R session, I say do it again. Talk about the importance of personal hygiene *while* you are washing your hands. Talk about the importance of working in a sterile environment *as* you are wiping down the work area. Actions always speak louder than words.
2. **Tell the Patient What to Expect and Demonstrate the Process.** Telling the patient exactly what to expect – especially regarding one key factor – will shorten the length of time necessary to complete the I&R and make the client more confident. Here’s the **one key piece of information** that can make all the difference in an I&R session: Make sure the client realizes that the contact lens is bigger around than the colored part of his eye (notice I said “colored part” not “iris.”) Always use language the patient is sure to understand. Now...connect the dots for your client. What that golden piece of information means is that as he attempts to place the lens upon his eye, if he cannot see a couple of millimeters of white around the colored part of the eye, he should not even bother trying to place the lens on the eye. Later, as he attempts to insert the lenses you need to act as a coach. As he approaches his eye with the lens upon his finger, if you cannot see white all around the iris, tell him, “stop.” Explain that if he cannot see white all around, the contact will end up on his cheek or on the floor. Urge him to pull back, expose more white, and try again. I also believe it is important (whether you routinely wear contacts or not) to be able to demonstrate the whole process for the new wearer. Think coach again: A good basketball coach can demonstrate how to show, but he cannot shoot the ball for the player. Same thing here. Rarely, if ever, would I place the lens on the eye for the patient. After all, I will not be there tomorrow morning when he is putting

on his contacts on Day2.

3. **Talk About the Client's Fears.** If touching his eye is something she is apprehensive about, consider the Artificial Tears Exercise. Have her place a drop or two of saline on her finger and touch her eye with that until she feels comfortable. It is important to show respect when addressing this challenge. Avoid phrases, like "it's no big deal," or "I know you can do it – my ten-year old niece did it her first try." Phrases like that will only heightened her nervousness. Instead, try something like, "Don't be embarrassed – it's perfectly natural to close your eye when something approaches it. Let's try again."
4. **Talk Them Through It.** As I said before, consider that your role in conducting an effective I&R session is that of a coach, and never place the contact on the eye for the patients. They must do it themselves. And while a coach cannot do it for the patient, he or she can share information and best practices, offer advice, provide encouragement, and demonstrate processes. Additionally, all major contact lens manufacturers offer instructional videos. Having your patient view it at the beginning of the I&R session is a great place to start. Look for the ones provided by the most popular CL company in your practice. Take three minutes to follow this YouTube link to view the on provided for Acuvue lenses: <https://www.youtube.com/watch?v=9mPG2r6HS54>
5. **Three In / Three Out.** My definition of a successful I&R session is one in which the client successfully places the lenses on the eye...unassisted...three times. Likewise, she must also remove the lenses...unassisted...three times. I don't mean three rights and three lefts in and out (that would be a total of twelve successes), I mean three in (rights *or* lefts) and three out (rights *or* left), for a total of six successes.
6. **Checking for Understanding.** This last key to an effective I&R session relates to how you determine if your client truly understands his wearing schedule, the importance of the follow-up exam, cleaning regimens, and replacement schedules. While I would encourage you to give them a printed copy of all of it and have them sign it, verbal confirmation is also vital. Regarding that, eliminate the following two questions from your conversation with the client: Do you understand? Do you have any questions? Why? Because it gives him an easy out. Do you understand, can easily be answered with, "Sure do." Likewise, do you have any questions can easily be answered with, "Nope, I'm good." And of course, you are left to *assume* that the client understands and has no questions. So instead of those ineffective, closed-end questions, ask instead, "So John...what time will you take you lenses out tonight?" Another effective statement might be, "John, this stuff is really important, and sometimes I don't think I explain it as well as I should. Just humor me here...tell me how you're going to clean these lenses."



Bonus Suggestion: If your patient is a child or teenager, do whatever you must do to get rid of the parent before beginning the I&R! Without getting into detail, take it from me and more than 30 years of experience: The kid will be more receptive to your coaching if the mom or dad is not there. Siblings too. You want it to be a one-on-one experience between coach and player. Trust me on that.

IV Effective Pre-Placement and Removal Techniques

What follows are ideas, tips, and techniques presented in language that an ECP should consider during the I&R. While I would not suggest changing the *substance* of the information, I would encourage you to make the language and “personality” of the message your own.

1. Preparing the Lens for Wearing

It is essential that you learn and use good hygienic methods in the care and handling of your new lenses. Cleanliness is the first and most important aspect of proper contact lens care. Your hands should be clean and free of any foreign substances when you handle your lenses. The procedures are:

- Always wash your hands thoroughly with a mild soap, rinse completely, and dry with a lint-free towel before touching your lenses.
- Avoid the use of soaps containing cold cream, lotion, or oily cosmetics before handling your lenses, since these substances may come into contact with the lenses and interfere with successful wearing.
- Handle your lenses with your fingertips and be careful to avoid contact with fingernails. It is helpful to keep your fingernails short and smooth.

Start off correctly by getting into the habit of always using proper hygienic procedures so that they become automatic.

2. Opening the Multipack and Lens Package Multipack

It is simple to open the multipack. Locate the opening flap on the front of the multipack and pull up to break the seal. Inside you will find six lenses. Each lens comes in its own lens

package designed specifically to maintain sterility. To close the multipack for storage, just tuck in the flap.

- Lens Package: To open an individual lens package, follow these simple steps:
 1. Shake the lens package and check to see that the lens is floating in the solution.
 2. Peel back the foil closure to reveal the lens. By stabilizing the lens package on the tabletop, you will minimize the possibility of a sudden splash.

Occasionally, a lens may adhere to the inside surface of the foil when opened, or to the plastic package itself. This will not affect the sterility of the lens. It is still perfectly safe to use. Carefully remove and inspect the lens following the handling instructions.



(Note: Always start with the lens for your right eye. Making this a habit will help ensure that you always place the correct lens on the correct eye.)

3. Handling the Lenses

- Develop the habit of always working with the same lens first to avoid mix-ups.
- Remove the lens from its storage case and examine it to be sure that it is moist, clean, clear, and free of any nicks or tears. If the lens appears damaged, do not use it. Use the next lens in the multipack.

Verify that the lens is not turned inside out by placing it on your forefinger and checking its profile. The lens should assume a natural, curved, bowl-like shape (Fig. A). If the lens edges tend to point outward, the lens is inside out (Fig. B). Another method is to gently squeeze the lens between the thumb and forefinger. The edges should turn inward, forming what looks like a mini taco shell. If the lens is inside out, the edges will turn slightly outward.



Fig. A



Fig. B

4. Placing the Lens on the Eye

Remember, start with your right eye.

Once you have opened the lens package, removed, and examined the lens, follow these steps to apply the lens to your eye:

- a. Place the lens on the tip of your forefinger. **BE SURE THE LENS IS CORRECTLY ORIENTED** (see "Handling the Lenses").
- b. Place the middle finger of the same hand close to your lower eyelashes and pull down the lower lid.
- c. Use the forefinger or middle finger of the other hand to lift the upper lid.
- d. Place the lens on the eye.
- e. Gently release the lids and blink. The lens will center automatically.
- f. Use the same technique when inserting the lens for your left eye.

(Note: If you need to rinse the lens before you insert it into your eye, use only fresh sterile saline solution. Never use tap water.)



There are other methods of lens placement. If the above method is difficult for you, your eye care practitioner will recommend an alternate method such as using a contact lens inserter. Although some ECPs recommend using the right hand when placing the right lens, and the left hand for placing the left lens, I have found it is much easier for the patients to use their dominant hand to place both the right and left lenses.

Note: If after placement of the lens, your vision is blurred, check for the following:

The lens is not centered on the eye.

If the lens is centered, remove the lens (see "Removing the Lens") and check for the following:

- a. Cosmetics or oils on the lens. Dispose of the lens and insert a fresh new lens.
- b. The lens is on the wrong eye.
- c. The lens is inside-out (it would also not be as comfortable as normal).

If you find that your vision is still blurred after checking the above possibilities, remove both lenses and consult your eye care practitioner.

If a lens becomes less comfortable than when it was first inserted or if it is markedly uncomfortable upon insertion, remove the lens immediately and contact your eye care practitioner.

After you have successfully inserted your lenses, you should ask yourself:
How do the lenses feel on my eyes?
How do my eyes look?
Do I see well?

If your examination shows any problems **IMMEDIATELY REMOVE YOUR LENSES AND CONTACT YOUR EYE CARE PRACTITIONER.**

5. Centering the Lens

A lens which is on the cornea will very rarely be displaced onto the white part of the eye during wear. This, however, can occur if insertion and removal procedures are not performed properly. To center a lens, follow either of these procedures:

- a. Close your eyelids and gently massage the lens into place through the closed lids



Or...

- b. Gently manipulate the off-centered lens onto the cornea while the eye is opened, using finger pressure on the edge of the upper lid or lower lid.

6. Removing the Lens - Always remove the same lens first.

- a. Wash, rinse and dry your hands thoroughly.

CAUTION: Always be sure the lens is on the cornea before attempting to remove it. Determine this by covering the other eye. If vision is blurred, the lens is either on the white part of the eye or it is not on the eye at all. To locate the lens, inspect the upper area of the eye by looking down into a mirror while pulling the upper lid up. Then, inspect the lower area by pulling the lower lid

down.

- b. There are two recommended methods of lens removal: The Pinch Method and the Forefinger and Thumb Method. You should follow the method that was recommended by your eye care practitioner.

- Pinch Method:

- a. Look up, slide the lens to the lower part of the eye using the forefinger.
- b. Gently pinch the lens between the thumb and forefinger.
- c. Remove the lens.

- Forefinger and Thumb Method:

- a. Place your hand or towel under your eye to catch the lens.
- b. Place your forefinger on the center of the upper lid and your thumb on the center of the lower lid.
- c. Press in and force a blink. The lens should fall onto your hand or the towel.

Once the lens is removed, DISCARD the lens.

Note: The lens may come out but remain on the eyelid, finger, or thumb.

- d. Remove the other lens by following the same procedure.



Note: Pinching the lens between the thumb and forefinger is not harmful, provided the fingernails do not contact the lens. Some people find a mirror helpful when removing the lens.

- e. Follow the required lens care procedures described under the heading, "Caring for Your Lenses (Cleaning, Rinsing, Disinfecting, Storage and Rewetting/ Lubricating)".

V After the I&R Basic Lens Care and Maintenance

1. Basic Instructions

For continued safe and comfortable wearing of your lenses, it is important that you first clean and rinse, then disinfect [and neutralize (for hydrogen peroxide systems)] your lenses after

each removal, using the care regimen recommended by your eye care practitioner. Cleaning and rinsing are necessary to remove mucus, secretions, films, or deposits which may have accumulated during wearing. The ideal time to clean your lenses is immediately after removing them. Disinfecting is necessary to destroy harmful germs. You should adhere to a recommended care regimen. Failure to follow the regimen may result in development of serious ocular complications.

If you require only vision correction but will not or cannot adhere to a recommended care regimen for your lenses, or are unable to place and remove lenses or have someone available to place and remove them, you should not attempt to purchase and wear contact lenses.

When you first get your lenses, be sure to put the lenses on and remove them while you are in your eye care practitioner's office. At that time, you will be provided with a recommended cleaning and disinfection regimen and instructions and warnings for lens care, handling, cleaning, and disinfection. Your eye care practitioner should instruct you about appropriate and adequate procedures and products for your use.

For safe contact lens wear, you should know and always practice your lens care routine:

- Always wash, rinse and dry hands before handling contact lenses.
- Always use fresh unexpired lens care solution.
- Use the recommended system of lens care, chemical (not heat), and carefully follow instructions on solution labeling. Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. Do not alternate or mix lens care systems unless indicated on solution labeling.
- Always remove, clean, rinse and disinfect your lenses according to the schedule prescribed by your eye care practitioner. The use of any cleaning solution does not substitute for disinfection.
- Do not use saliva or anything other than the recommended solutions for lubricating or rewetting your lenses. Do not put lenses in your mouth.
- Lenses prescribed on the frequent replacement program should be thrown away after the recommended wearing period prescribed by your eye care practitioner.
- Never rinse your lenses in water from the tap. There are two reasons for this:
 - a. Tap water contains many impurities that can contaminate or damage your lenses and may lead to eye infection or injury.
 - b. You might lose your lens down the drain.
- Your ECP should recommend a care system that is appropriate for your Contact Lens. Each lens care product contains specific directions for use and important safety information, which you should read and carefully follow. Remember, some solutions may have more than one function, which will be indicated on the label. Read the label on the solution bottle and follow instructions.

- Clean one lens first (always the same lens first to avoid mix-ups), rinse the lens thoroughly with recommended saline or disinfecting solution to remove the cleaning solution, mucus, and film from the lens surface. Follow the instructions provided in the cleaning solution labeling. Put that lens into the correct chamber of the lens storage case. Then repeat the procedure for the second lens.
- After cleaning, disinfect lenses using the system recommended by your eye care practitioner and/or the lens manufacturer. Follow the instructions provided in the disinfection solution labeling.
- To store lenses, disinfect and leave them in the closed/unopened case until ready to wear. If lenses are not to be used immediately following disinfection, you should consult the package insert or your eye care practitioner for information on storage of your lenses.
- Always keep your lenses completely immersed in a recommended disinfecting solution when the lenses are not being worn. If you discontinue wearing your lenses, but plan to begin wearing them again after a few weeks, ask your eye care practitioner for a recommendation on how to store your lenses.
- After removing your lenses from the lens case, empty and rinse the lens storage case with solution(s) recommended by the lens case manufacturer; then allow the lens case to air dry. When the case is used again, refill it with fresh storage solution. Replace lens case at regular intervals.
- Your eye care practitioner may recommend a lubricating/rewetting solution for your use. Lubricating and rewetting solutions can be used to wet (lubricate) your lenses while you are wearing them to make them more comfortable.

2. Care for a Sticking (Non-moving) Lens

If a lens sticks (stops moving) on your eye, apply a few drops of the recommended lubricating solution. You should wait until the lens begins to move freely on the eye before removing it. If non-movement of the lens continues, you should IMMEDIATELY consult your eye care practitioner.

3. Chemical (Not Heat) Disinfection

- Clean the contact lenses with a recommended cleaning solution and thoroughly rinse them with a recommended rinsing solution.
- After cleaning, to disinfect, carefully follow the instructions accompanying the disinfecting solution in the care regimen recommended by the lens manufacturer or the eye care practitioner.
- When using hydrogen peroxide lens care systems, lenses must be neutralized before wearing. Follow the recommendations on the hydrogen peroxide system labeling.
- Thoroughly rinse lenses with a fresh solution recommended for rinsing before inserting and wearing, or follow the instructions on the disinfection solution labeling.
- Do not heat the disinfection solution and lenses.

- Leave the lenses in the unopened storage case until ready to put on the eyes.

Caution: Lenses that are chemically disinfected may absorb ingredients from the disinfecting solution which may be irritating to the eyes. A thorough rinse in fresh sterile saline solution prior to placement on the eye should reduce the potential for irritation.

4. Lens Case Cleaning and Maintenance

Contact lens cases can be a source of bacteria growth. Lens cases should be emptied, cleaned, rinsed with solutions recommended by the lens case manufacturer, and allowed to air dry. Lens cases should be replaced every three months, as recommended by the American Optometric Association, most lens case manufacturers, or your eye care practitioner.

5. Care for a Dehydrated Lens

If a soft, hydrophilic contact lens is exposed to air while off the eye, it may become dry and brittle. If this happens, dispose of the lens, and use a fresh new one.

6. Emergencies

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into your eyes: **FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT YOUR EYE CARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.**

VI 20-Question Final Assessment

1. The Pinch Method and the Forefinger and Thumb Method are suggested ways to:
 - a. Instruct patients on contact lens care and maintenance
 - b. Effectively place the contact lens onto the cornea
 - c. Effectively remove contact lenses
 - d. Remove contact lenses from the blister pack

2. The Florida legislature explained that the opticianry laws were created to protect the welfare of citizens. This can be found in the first section of:
 - a. FS 484
 - b. FS 456
 - c. FAC 64B12
 - d. FAC 64B29

3. A severe and painful infection of the cornea caused by poor hygiene while wearing contacts, or by exposure to certain water is called:
 - a. Advanced astigmatism
 - b. Acanthamoeba Keratitis
 - c. Chelazion
 - d. Pterygium

4. One effective way approaching an I&R is for the ECP to view their role as that of a:
 - a. Mentor
 - b. Teacher
 - c. Professional
 - d. Coach

5. To minimize the chance of losing the lens or splashing, what should a patient do when open a blister pack to remove a contact lens?
 - a. Use his or her teeth
 - b. Use tweezers
 - c. Stabilize the lens package on a tabletop
 - d. Shake the package thoroughly before attempting to open it.

6. In order to avoid lens mix-ups, an ECP should encourage patients to:
 - a. Clearly label all the contact packages with an R for right and an L for left
 - b. Work with the left lens first
 - c. Work with the right lens first
 - d. Develop the habit of always working with the same lens first

7. After placing the contact lenses in the eyes, if the patient feels any pain, experiences redness, or any other problems, what should he or she do?
 - a. Immediately remove the lenses and head to the nearest emergency room
 - b. Immediately remove the lenses and call his/her eye-care practitioner
 - c. Immediately remove the lenses, wait 24 hours, and reinsert them
 - d. Immediately remove the lenses and resign yourself to wearing eyeglasses

8. Once it has been cleaned and disinfected, the best way to dry a contact lens case is by:
 - a. Allowing it to air dry
 - b. Using a clean, cotton towel
 - c. Using a Kleenex® (one for each lens) or similar product
 - d. Using a hair dryer

9. Closing the eyelid and gently massaging the lens while your eye is closed is one way to:
 - a. Alleviate some of the pain commonly associated with contact lens wear
 - b. To extend the amount of time a patient may successfully wear the lenses
 - c. Re-center the lens once it has become displaced onto the white of the eye
 - d. Re-hydrate the lenses by stimulating tear production

10. The author suggested that which piece of information can prove invaluable for a patient learning to place a contact lens for the first time?
 - a. A typical soft contact lens is larger than the iris
 - b. A typical soft contact lens is smaller than the iris
 - c. A typical soft toric contact lens will usually align itself to the cornea
 - d. A typical soft contact lens is usually inside-out when it comes out of its package

11. During the I&R you have just instructed your patient to remove his new contact lenses by 5:00 pm tonight. What would be the best way to discover if the patient you have just instructed understands when he should remove his lenses?

- a. Have him sign an affidavit attesting that he understands and promises to comply
- b. Ask him if he understands and/or if he has any questions regarding wearing times
- c. Give him a written summary of your I&R instructions
- d. Ask him what time he plans to remove the lenses tonight.

12. If not recommended differently by your prescriber, a CL case should be replaced:

- a. Annually
- b. Every six months
- c. Every three months
- d. Monthly

13. To instill a seriousness of purpose regarding the importance of personal and environmental cleanliness, an ECP should _____ proper hygiene during the I&R.

- a. Teach
- b. Talk at length about
- c. Demonstrate
- d. Ask the patient questions about

14. One thing the author said he rarely does during an I&R is:

- a. Place the lens on the patient's eye for him
- b. Insist on the patient demonstrating competence with a three in/three out process
- c. Show a video provide by a CL manufacturer
- d. Allowing the patient to watch him put the CL on his own eye

15. If touching her eye is something your patient is reluctant to do, an ECP should:

- a. Show her how easy it is by repeatedly touching your own eye
- b. Explain to her that anybody can do it, and that millions do it every day
- c. Take her through the Artificial Tears Exercise
- d. Tell the patient she will have to wear glasses from now on

16. Occasionally a lens may adhere to the inside surface of the foil package. When this happens:

- a. It is still safe to use
- b. It should be discarded immediately
- c. It needs to be hydrated in saline solution for 24 hours
- d. It was probably inside out. Flip it around and put it in the eye.

17. In checking to make sure that the CL is not inside out, if the patient gently squeezes the lens between his thumb and forefinger it should form a mini:

- a. Taco
- b. Burrito
- c. Hamburger bun
- d. Hot dog bun

18. The most effective method of placing the lenses on the eye is to:

- a. Use the right hand for the right eye and the left hand for the left eye
- b. Use the right hand for the left eye and the left hand for the right eye
- c. Use your dominant hand for the placement of both lenses
- d. Use your non-dominant hand for the placement of both lenses

19. Once the CL is placed on the cornea:

- a. It will rarely be displaced from the center of the eye.
- b. It is common for the lens to be displaced from the center of the eye
- c. If it displaces from the center of the eye, redness usually occurs
- d. It can never be displaced from the center of the eye.

20. Which of the following statements is true?

- a. Always use fresh, unexpired lens care solution
- b. If both are unexpired, it's okay to mix solutions
- c. Lubricating solutions should never be placed in the eye while wearing contacts
- d. In a pinch, it's okay to *temporarily* store your lenses in tap water