



DR ROHAN HUGHES

Wave 2026

D2-S4

MCQS

MCQS – Advance Access Only for WAVE. Please submit answers **online before 11.59pm AWST 23rd March OR if you want a 7 Day Extension to complete ALL MCQS – opt in online for the extra time.**

The following 15 MCQS are from the presentation on Day 2 - Session 4 @ WAVE 2026.

“Before the Blur: Identification & Management of Pre-Myopia”

Q.1) Which factor is the single best predictor that a child is likely to develop myopia?

- a) Refractive error
- b) Number of parents that are myopic
- c) Ethnicity
- d) Accommodative lag
- e) Near esophoria

Q.2) What is the refractive definition of pre-myopia as defined by the International Myopia Institute?

- a) $\leq +1.00$ DS to > -0.50 DS
- b) $\leq +0.75$ DS to > -0.50 DS
- c) $\leq +0.50$ DS to > -0.50 DS
- d) $\leq +0.25$ DS to > -0.50 DS
- e) Plano to > -0.50 DS

Q.3) True or False: The refractive threshold for pre-myopia may be ~ 1.00 D higher for children of East Asian ethnicity.

- a) True
- b) False

Q.4) Which of the following children would be predicted to develop myopia by 11 years of age?

- a) 9 year old, refraction of $+1.25$ D
- b) 9 year old, refraction of $+1.00$ D
- c) 9 year old, refraction of $+0.75$ D
- d) 9 year old, refraction of $+0.50$ D
- e) 9 year old, refraction of $+0.25$ D

Q.5) Which of the following clinical tests should be performed to accurately assess an individual's risk of myopia development?

- a) Cycloplegic refraction
- b) Heterophoria
- c) Accommodative convergence (AC/A)
- d) Accommodative posture (lag/lead)
- e) All of the above

Q.6) Which of the following behaviours increase the risk of myopia?

- a) Spending 30 minutes outdoors per day
- b) Spending 2 hours outdoors per day
- c) Reading books for 20 minutes each night before bed
- d) Using a near working distance of 40 cm
- e) Sleeping 9 hours per night

Q.7) Which of the following should you recommend for a child with pre-myopia?

- a) Increase time outdoors
- b) Take regular breaks during near work
- c) Ensure adequate working distance during near work
- d) Review in 6 months
- e) All of the above

Q.8) For a 9-year-old child, which of the following refractive shifts over the past year would concern you the most regarding their potential for myopia onset?

- a) +1.75 DS to +1.50 DS
- b) +1.50 DS to +1.25 DS
- c) +1.25 DS to +1.00 DS
- d) +1.00 DS to +0.25 DS
- e) +0.75 DS to +0.50 DS

Q.9) What is the minimum number of hours per week that a child with pre-myopia should be advised to wear peripheral defocus (HAL/Stellest) spectacles?

- a) 10
- b) 20
- c) 30
- d) 40
- e) 50

Q.10) Which of the following myopia control treatments could you consider prescribing for a child with pre-myopia?

- a) 0.05% atropine eye drops
- b) Peripheral defocus spectacles
- c) Repeated red light therapy
- d) A or B only
- e) A, B, or C



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Wave 2026 D2-S4 MCOS

“Defining Success in Myopia Management”

Q.11) “Myopia management” is defined by which of the following?

- a) Myopia correction
- b) Myopia control
- c) Monitoring of refraction and axial length
- d) All of the above

Q.12) What should be the refractive target for myopia progression in a child undergoing myopia control?

- a) No change
- b) -0.25 D or less per year
- c) -0.50 D or less per year
- d) -0.75 D or less per year

Q.13) What should be the axial elongation target in a child undergoing myopia control?

- a) <0.05-0.10 mm per year
- b) <0.10-0.15 mm per year
- c) <0.15-0.20 mm per year
- d) <0.20-0.30 mm per year

Q.14) Which of the following statements is true regarding monitoring axial length using a growth curve for a patient undergoing myopia control?

- a) Axial length following the same percentile over time indicates poor myopia control
- b) Axial length moving to a lower percentile over time indicates excellent myopia control
- c) Axial length moving to a higher percentile over time indicates excellent myopia control
- d) Growth curves are not useful for tracking myopia control

Q.15) What is the best approach for a patient continuing to exhibit rapid myopia progression and axial elongation during monotherapy myopia control treatment?

- a) Prescribe a combination treatment
- b) Switch to an alternative treatment with greater efficacy
- c) Nothing, the patient is likely a poor responder to treatment
- d) A or B

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