JILLIAN CAMPBELL

Wave 2026

PRE-RECORDING 2

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 5 MCQS are from the presentation on Jillian Campbell Pre-recording 2 @ WAVE 2026.

Interpreting Corneal Topography - An Optometrists' Guide

Q.1) On axial topography, which feature is most suggestive of early keratoconus rather than regular astigmatism?
a) Symmetric bow tie pattern
b) Inferior steepening with skewed radial axes
c) Central flattening zone
d) Uniform with the rule astigmatism

Q.2) A 14 year old presents with 1.75 D of astigmatism and reduced BCVA. Tangential map shows focal inferior steepening, but axial map appears relatively regular. What is the most appropriate next step?
a) Prescribe spectacles and review in 2 years
b) Proceed with orthokeratology
c) Assess posterior elevation and pachymetry
d) Refer immediately for corneal crosslinking

Q.3) In orthokeratology, more than approximately 30 microns of sagittal height difference between principal meridians at a 4mm radius from the centre indicates:
a) The cornea is unsuitable for treatment
b) A spherical lens design will centre well
c) A toric or dual axis design may be required
d) The patient likely has pellucid marginal degeneration

Q.4) A central island on post ortho K topography most commonly indicates:
a) Excessive lens movement
b) A flat fitting relationship
c) Excessive central clearance
d) Tear film instability

Q.5) Which topographic map is most sensitive for detecting early focal ectasia?
a) Axial curvature map
b) Tangential curvature map
c) Sim K values
d) Keratometric readings from autorefractor

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