ALEX RIGBY

Wave 2026

SUPPLIER CPD 1

MCQS

RODENSTOCK

Because every eye is different

The following 5 MCQS are from the presentation on Supplier CPD 1 - Rodenstock @ WAVE 2026.

Q.1) What colour tint is likely to be the most contrast enhancing:

a) Orange 50% Absorption
b) Brown 15% Light Transmission
c) Grey 15% Absorption
d) Green 60% Light Transmission

Q.2) When talking about thin film interference in the context of mirror tint how is this achieved?

a) Constructive Interference
b) Destructive Interference
c) Moth Eye Biomimicry
d) Nano-textured surfacing

Q.3) What organic dyes are more commonly used to create the photochromatic effects of plastic CR-39 lenses?

a) Silver Chloride
b) Copper Chloride
c) Naphthopyrans
d) Oxazines
e) C & D

Q.4) When selecting a tint for a patient, what do you believe would be best suited for skiing in low/overcast light levels when considering contrast enhancement?

a) Red 90% Absorption
b) Yellow 20% Absorption
c) Brown 12% Absorption
d) Green Photochromatic lens

Q.5) When considering destructive interference, such as with a back surface anti-reflection coating, what thickness of film are we aiming for to achieve the removal of artifacts from a desired wavelength of light?

a) 1/8 λ
b) ½ λ
c) 1/6 λ
d) ¼ λ

AMY PILLAY

Wave 2026 SUPPLIER CPD 2 MCQS

essilor

The following 10 MCQS are from the presentation on Supplier CPD 2 - Essilor @ WAVE 2026.

Q.1) Which of the following is FALSE regarding the evidence on Essilor® Stellest® lenses for myopia management?
a) Full time wear (at least 12 hrs/day) gave better outcomes than lesser wearing schedules
b) Six year data indicates sustained efficacy, slowing axial eye growth by at least 50%
c) New data from a USA clinical trial showed myopia slowing by at least 50%
d) Data from China includes children only up to 13 yrs of age

Q.2) Which of the following statements is true (either regarding or, when defining) the 'hyperopic reserve'. A level of hyperopia which... **(this question has been reworded.)*
a) Protects against future myopia development
b) Guarantees future myopia
c) Is higher for older ages
d) Is similar across Asian and non-Asian ethnicities

Q.3) In addition to the long term studies, Essilor® Stellest® lenses have been evaluated to be used for myopia management in the presence of the following conditions, except for one. Which condition does NOT yet have published evidence for slowing myopia progression? **(this question has been reworded.)*
a) Unilateral myopic anisometropia
b) Intermittent exotropia
c) Divergence insufficiency esotropia
d) Myopia of prematurity

Q.4) Which of the following correctly describes the new Stellest 2.0 or H.A.L.T. MAX spectacle lens technology?
a) All lenslets have the same aspheric power, across the lens
b) The lenslets have increased power and asphericity compared to Stellest
c) It shows better efficacy for slowing eye growth only in children <8.5 yrs
d) Research showed no difference in efficacy between Stellest and Stellest 2.0

Q.5) What is the primary function of Nuance Audio smart glasses?
a) To correct refractive error
b) To provide augmented reality display
c) To enhance hearing through open-ear audio amplification
d) To measure intraocular pressure

Q.6) Nuance Audio is best positioned for which patient demographic?

a) Severe-to-profound hearing loss patients
b) Mild-to-moderate perceived hearing difficulty
c) Paediatric patients with congenital hearing loss
d) Cochlear implant candidates

Q.7) Ray-Ban Meta Gen 2 smart glasses allow users to:

a) Capture photos and videos hands-free
b) Make and receive phone calls
c) Listen to music and podcasts through open-ear speaker
d) All of the above

Q.8) Ray-Ban Meta Gen 2 smart glasses:

a) Include a visible LED recording indicator for privacy
b) Are available in prescription-compatible frames
c) Come with a portable charging case
d) All of the above

Q.9) The primary mechanism of low-level red light therapy (LLLT) in dry eye management is:

a) Thermal destruction of meibomian glands
b) Photobiomodulation improving mitochondrial activity
c) Retinal photocoagulation
d) Increasing aqueous tear production directly

Q.10) TFOS emphasises that treatment selection should be:

a) Uniform for all dry eye patients
b) Based solely on symptoms
c) Individualised according to underlying aetiology
d) Limited to artificial tears

A/PROF NOEL BRENNAN

Wave 2026

SUPPLIER CPD 3

MCQS

Johnson & Johnson

The following 5 MCQS are from the presentation on Supplier CPD 3 – Johnson & Johnson

Q.1) Over 6 months, the Enhanced Efficacy (ACUVUE® Abiliti® 1-Day) lens was shown to:

a) Reduce axial elongation by 0.105mm, which was about 2x as effective as the Dual-Focus lens design
b) Give good VA, with >95% of children achieving 6/6 or better
c) Were successfully dispensed in 96% of subjects after one training session
d) All of the above

Q.2) Which of the following methods does NOT improve the myopia control efficacy in soft contact lenses utilising simultaneous vision principles?

a) Increasing the plus power within the treatment zone
b) Filtering HEV light within the treatment zone
c) Increasing the size of the treatment zone
d) Filtering HEV light within the treatment zone

Q.3) In the simple dual focus lens model, which of the following powers incorporated in the myopia control treatment zone (MCTZ) had the greatest detrimental effect on visual acuity?

a) +1D
b) +2D
c) +7D
d) +10D

Q.4) To achieve full efficacy, what is the recommended minimum wear schedule for ACUVUE® Abiliti® 1-Day lenses?

a) 7 hours for 5 days per week
b) 8 hours for 5 days per week
c) 8 hours for 6 days per week
d) 10 hours for 6 days per week

Q.5) What is the predicted magnitude of 3-year myopia control efficacy in relation to 1-year myopia control efficacy data?

a) 2x
b) 3x
c) 4x
d) 6x

HELEN GLEAVE

Wave 2026 SUPPLIER CPD 4 MCQS

Alcon

The following 10 MCQS are from the presentation on Supplier CPD 4 - Alcon @ WAVE 2026.

Q.1) What is the approximate global prevalence of digital eye strain?
a) 7%
b) 17%
c) 57%
d) 70%

Q.2) Which of the following has NOT been identified as an underlying contributor to digital eye strain?
a) Reduced blink rate & completeness
b) Increased reliance on artificial intelligence
c) Partial/uncorrected refractive error
d) Underlying binocular vision anomalies

Q.3) Which of the following statements regarding digital eye strain and astigmatism is incorrect?
a) Astigmatism and digital eyestrain are inversely proportional
b) Uncorrected astigmatism increases the incidence of digital eye strain symptoms
c) Low astigmatism up to 1.00DC reduces near vision functionality
d) Low levels of uncorrected astigmatism can cause a reduction in reading performance

Q.4) Which of the following parameters were NOT improved by correcting astigmatism in soft contact lens wearers who experience/d digital eye strain? *(this question has been reworded.)*
a) High & low contract visual acuity
b) Reading speed
c) Spatial recall
d) Ocular comfort

Q.5) What factors do manufacturers take into account when designing a toric soft contact lens?
a) Gravity places a major role in lens orientation & stabilisation
b) During a normal blink, ~90% of lens movement is due to upper eyelid forces
c) Varying lens thickness can take advantage of the primary eyelid forces that orient & stabilise the lens
d) Both b & c

Q.6) Which Alcon contact lenses use the PRECISION BALANCE 8|4™ toric contact lens stabilisation design?

a) TOTAL1™ for Astigmatism
b) PRECISION1™ for Astigmatism
c) TOTAL30™ for Astigmatism
d) All of the above

Q.7) How much longer does it take to fit a PRECISION1™ for Astigmatism contact lens, as compared to a spherical lens?

a) 50 seconds
b) 60 seconds
c) 90 seconds
d) 100 seconds

Q.8) Which Alcon WATERINNOVATIONS™ lenses feature Water Gradient technology?

a) PRECISION1™
b) TOTAL1™
c) TOTAL30™
d) Both b & c

Q.9) What ocular surface biomimicry technology is featured in TOTAL30™ monthly reusable contact lenses?

a) PRECISION PROFILE™ design
b) SmartSurface™
c) Celligent™ Technology
d) SmarTears™ Technology

Q.10) Which of the following is NOT a benefit of the PRECISION BALANCE 8|4™ Toric stabilisation design?

a) Unlimited rotation
b) Settles within <60 seconds of insertion
c) ≤5° of oscillation with blink
d) Settles within 3° of ideal orientation

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JULIA KWOK

Wave 2026 SUPPLIER CPD 5 MCQS

CooperVision

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 Supplier CPD 5 CooperVision @ WAVE 2026.

Q.1) Which of the following is a key difference between MyDay® MiSight® 1 day and the original MiSight® 1 day?
a) Optical design
b) Dk/t
c) Diameter
d) Power range

Q.2) In Aquaform® Technology, which of the following contribute to high oxygen transmissibility?
a) Long silicone chains
b) Less raw silicon
c) Lack of coating or surface treatment
d) None of the above

Q.3) ActivControl® Technology features how many treatment and correction zones?
a) 1 treatment zone and 1 correction zone
b) 2 treatment zones and 1 correction zone
c) 2 treatment zones and 2 correction zones
d) 3 treatment zone and 1 correction zone

Q.4) The treatment zones in ActivControl® Technology create how many dioptres of myopic defocus?
a) 1.00D
b) 1.50D
c) 2.00D
d) 2.50D

Q.5) In the original MiSight® 1 day clinical trial, the group which received 6 years of treatment progressed by less than....
a) 4.00D
b) 3.00D
c) 2.00D
d) 1.00D

Q.6) In the original MiSight® 1 day clinical trial, the wearers treated with ActivControl® Technology exhibited eye growth that....

a) ...was significantly faster than the control group's eye growth
b) ...significantly faster than emmetropic eye growth
c) ...was similar to emmetropic eye growth
d) ...reversed i.e. shortened in length

Q.7) In the 7th year of the original MiSight® 1 day clinical trial, eye growth for subjects wearing single vision contact lenses...

a) ...was faster than expected age-average myopic progression rates
b) ...was the same as expected age-average myopic progression rates
c) ...was slower than expected age-average myopic progression rates
d) ...was the same as expected age-average emmetropic rates

Q.8) In the comparative study between MyDay® MiSight® 1 day and the original MiSight® 1 day, what were the visual acuities?

a) 6/9 at all visits
b) 6/7.5 at all visits
c) 6/6 at all visits
d) Better than 6/6 at all visits

Q.9) In the comparative study, what was the mean comfort score for MyDay® MiSight® 1 day?

a) 90 out of 100
b) 80 out of 100
c) 70 out of 100
d) 60 out of 100

Q.10) In the comparative study, how did the subjects rate the application of MyDay® MiSight® 1 day compared to the hydrogel lens?

a) More difficult to apply
b) Same level of ease
c) Easier to apply
d) Variable response

Q.11) How does the fitting appearance of MyDay® MiSight® 1 day and the original MiSight® 1 day compare?

a) MyDay® MiSight® 1 day fits tighter
b) Overall lens fits, centration and movement were similar
c) MyDay® MiSight® 1 day fits looser
d) MyDay® MiSight® 1 day decentres more

Q.12) Aberrometry showed the contact lens centration relative to pupil centre for both lenses was...

a) ...superior and nasal
b) ...superior and temporal
c) ...inferior and nasal
d) ...inferior and temporal

Q.13) Aberrometry power maps of MyDay® MiSight® 1 day and the original MiSight® 1 day showed which of the following?

a) MyDay® MiSight® 1 day delivers significantly more hyperopic defocus than MiSight® 1 day
b) MyDay® MiSight® 1 day delivers significantly more myopic defocus than MiSight® 1 day
c) MyDay® MiSight® 1 day delivers only myopic defocus, without emmetropic focused light at the retina
d) MyDay® MiSight® 1 day delivers similar amount of myopic defocus as MiSight® 1 day

Q.14) What is the recommended minimum wearing time for MyDay® MiSight® 1 day?

a) 10 hours per day, 4 days per week
b) 10 hours per day, 5 days per week
c) 10 hours per day, 6 days per week
d) 12 hours per day, every day

Q.15) Which of the following are advantages of contact lenses for myopia control?

a) Offers “always-on” myopia control
b) Improved quality of life
c) Preferred by children over glasses
d) All the above

JILLIAN CAMPBELL

Wave 2026

PRE-RECORDING 1

MCQS

The following 10 MCQS are from the presentation on Jillian Campbell Pre-recording 1 @ WAVE 2026.

Interesting Contact Lens Cases: What They Taught Me.

Q.1) In unilateral paediatric aphakia following congenital cataract surgery, what is the primary reason contact lenses are preferred over spectacles?
a) Reduced risk of infection
b) Improved cosmesis
c) Reduced aniseikonia and anisometropia
d) Lower maintenance

Q.2) In paediatric aphakia, which factor most influences rapid refractive change in the first two years of life?
a) Tear film instability
b) Axial elongation
c) Corneal scarring
d) Posterior capsular opacification

Q.3) When fitting a contact lens in an aphakic infant, what is the most appropriate strategy for power selection?
a) Full distance correction with no overcorrection
b) Undercorrect to stimulate accommodation
c) Overcorrect for near to support visual development
d) Prescribe emmetropia

Q.4) Following congenital cataract surgery in an infant, the most significant long-term risk requiring ongoing monitoring is:
a) Keratoconus
b) Retinal detachment
c) Secondary glaucoma
d) Corneal ectasia

Q.5) A patient with advanced keratoconus requiring rigid optics is scheduled for cataract surgery. Why may prolonged rigid lens optics washout not be necessary?
a) Keratometry is unaffected in advanced keratoconus
b) Perfect IOL power accuracy is less critical if rigid lenses will be resumed
c) Axial length compensates for corneal instability
d) Toric IOLs correct irregular astigmatism

Q.6) In recurrent corneal erosion with irregular optics, scleral lenses improve function primarily by:
a) Increasing corneal rigidity
b) Masking posterior corneal irregularity
c) Creating a fluid reservoir that protects the epithelium
d) Increasing tear osmolarity

Q.7) Which factor most strongly influences whether scleral lens wear is safe in a post graft eye?
a) Central corneal thickness
b) Patient comfort
c) Endothelial cell density
d) Base curve selection

Q.8) A 70 year old patient with a 30 year old penetrating keratoplasty presents with reduced tolerance to scleral lenses. Specular microscopy shows an endothelial cell count of 700 cells per mm^2. After 6 hours of scleral wear, microcystic oedema is observed. What is the most likely limiting factor?
a) Tear reservoir thickness
b) Mechanical trauma from the lens edge
c) Reduced endothelial reserve
d) Inadequate Dk of the lens material

Q.9) In a patient with failing penetrating keratoplasty but preserved anterior corneal architecture, which surgical option may preserve structure and accelerate rehabilitation?
a) Repeat penetrating keratoplasty
b) Deep anterior lamellar keratoplasty
c) DSEAK or DMEK
d) Intracorneal ring segments

Q.10) When deciding whether to proceed with scleral fitting in a high-risk graft that is the patient's only seeing eye, the most appropriate clinical framework is:
a) Maximise best corrected visual acuity
b) Avoid all corneal contact
c) Balance endothelial reserve against functional necessity
d) Prioritise topographic symmetry

JILLIAN CAMPBELL

Wave 2026 PRE-RECORDING 2 MCQS

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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