1) Underlying ocular surface disease
   a. Underlying dry eye
      i. Discussion of the layers of the tear film and strategies to
determine the type of dry eye
         1. Lipid
         2. Aqueous
         3. Mucin
      ii. Tear film break up time
         1. Discussion of normal ranges
         2. Understanding the various patterns and what they mean
      iii. Corneal staining
      iv. Tear prism
   v. Lid margin assessment
      1. Meibomian gland dysfunction
   vi. Treatment strategies
      1. Artificial tears
         a. Discussion of targeting artificial tears with the type of dry eye
      2. Inflammation control
         a. Cyclosporine
         b. Steroids
   b. Ocular allergies
      i. Seasonal/perennial allergies
         1. Discussion of effects on the ocular surface
         2. Understand strategies to maximize comfort
            a. Therapeutic strategies
            b. Contact lens strategies
      ii. Giant papillary conjunctivitis
         1. Discussion of signs and symptoms
            a. Discussion of treatment regimen

2) Assessment of soft contact lenses
   a. Spherical
      i. Centration
      ii. Movement
      iii. Coverage
      iv. Edge lift
b. Toric
   i. Discussion of the patients and the astigmatic ranges that may benefit from soft toric contacts
   ii. Understand the importance of topographies with this patient population in determining what lenses to select
   iii. Understand the different markings on the lenses
   iv. Centration and coverage
   v. Rotation
      1. Stability – assessing it
      2. Assessing the amount of rotation

3) Assessment of rigid gas permeable lenses
   a. Spherical lenses
      i. Understand proper fitting guidelines
      ii. Discussion of tear lens principles
      iii. Discussion of astigmatic patients
         1. Why do astigmats see so good with RGP’s?
   b. Back surface toric lenses
      i. Understand the design and why it works well with high astigmats
      ii. Important considerations with topographies
   c. Toric lenses
      i. Understand when you would consider a prism ballasted RGP
   d. Multifocal lenses
      i. Discussion of the design
         1. Center distance, peripheral near
         2. Segmented bifocal design
      ii. Understand proper fitting characteristics

4) Keratoconus
   a. Discussion of the disease state
   b. Soft contact lens options
      i. NovaKone
         1. Hioxifilcon
         2. Steep central portion and flat periphery
         3. IT component to the lens
      ii. Kerasoft
         1. Silicone hydrogel
         2. Discussion of fitting pearls
   c. Rigid Gas permeable options
      i. Discussion of RGP designs
      ii. Understand steep central curvature and aspheric periphery to optimize fit
   d. Corneoscleral lenses
      i. Contact lens design bears a portion of it’s weight on the cornea and a portion on the conjunctiva
      ii. 14.0-15.0mm diameter
      iii. Understand the design of the keratoconus lens
e. Scleral lens designs
   i. Understand fitting guidelines
   ii. Discussion of fitting process
      1. Preparing the lens
      2. Assessment of fluorescein pattern
      3. Discussion of corneal and limbal clearance
      4. Understanding the landing zone and conjunctival interaction

5) Post refractive surgery
   a. Discussion of the altered corneal architecture
      i. Flattened central cornea changes refractive dynamics
   b. Understanding the limitations with current contact lenses
      i. Soft lenses will tend to vault the cornea causing transient blurred vision
      ii. Soft torics – usually unstable
   c. Understand the design and fitting strategy of reverse geometry lenses

6) Meeting the needs of the presbyope
   a. Discussion of the various soft contact lens options
      i. Aspheric
         1. Discussion of the design and simultaneous vision
         2. Understand near center aspheric design
         3. Understand distance center designs
            a. Discussion of the platform
      ii. Concentric ring
         1. Distance and near optics alternate throughout the lens
         2. Two points of focus are created in the lens
      iii. Truncated
         1. Allows for stabilization of the lens
         2. Two optics – distance optics located superiorly, near optics located inferiorly
      iv. Daily disposable
         1. Aspheric lens design
      v. Toric multifocal lenses
   b. Discussion of the various RGP options
      i. Aspheric design
         1. Center distance, peripheral near
         2. Discussion of the newest options
      ii. Segmented
      iii. Hybrid
         1. Discussion of the design and fitting pearls
         2. Center near design
   c. Understand angle lambda and its implications with multifocal lenses

7) Contact lens care
   a. Contact lens solutions
      i. New innovations in contact lens solutions
      ii. Optimizing comfort
b. Improving compliance  
   i. Understanding the key steps to maximize compliance  
c. Contact lens complications  
   i. Sterile infiltrative keratitis  
   ii. Infection keratitis

8) Assessment of hybrid lenses (10 minutes)  
   a. Discussion of the design  
   b. Understand who the proper candidates are  
   c. Discussion of the fitting characteristics