Anterior Segment II CAP Assessment Syllabus
Form II - May 2023

SECTION 1: REFERENCE-BASED QUESTIONS (questions 1-12)

These questions are based on the references listed below, which emphasize new practice guidelines, landmark studies, and new information relevant to optometry within the area of Anterior Segment.

See page 2 for learning objectives for each topic area.

Topic: Demodex blepharitis (questions 1-4)
Fromstein SR, et al. Demodex blepharitis: clinical perspectives. *Clinical Optometry*. 2018;10:57–63. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6118860/pdf/opto-10-057.pdf

Topic: Idiopathic uveitis (questions 5-9)
Choi RY, Rivera-Grana E, Rosenbaum JT. Reclassifying Idiopathic Uveitis: Lessons From a Tertiary Uveitis Center. *Am J Ophthalmol*. 2019 Feb;198:193-199. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6349540/pdf/nihms-1510206.pdf

Topic: Episcleritis and scleritis associated with rheumatoid arthritis (questions 10-12)
Promelle V, Goeb V, Gueudry J. Rheumatoid Arthritis Associated Episcleritis and Scleritis: An Update on Treatment Perspectives. *J Clin Med*. 2021 May 14;10(10):2118
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8156434/pdf/jcm-10-02118.pdf
NOTE: The assessment will NOT include questions based on sections 4.3 – 4.6 on pages 7 – 10.

SECTION 2: FUNDAMENTAL KNOWLEDGE (questions 13-25)

These questions are considered "fundamental knowledge" within select areas of Anterior Segment. This is information that has not changed substantially in the past 5-10 years, and with which all optometrists should be familiar or be able to access quickly.

The following outline is provided as a guide for this section.

- Diagnosis, treatment and management for diseases or disorders of the episclera/sclera
- Diagnosis, treatment and management for diseases or disorders of the uvea
- Diagnosis, treatment and management for diseases or disorders of the lacrimal system
- Diagnosis, treatment and management for diseases or disorders of the lids and/or lashes
- Diagnosis, treatment and management for diseases or disorders of the ocular adnexa
- Diagnosis, treatment and management options for diseases or disorders of the orbit

The following references are recommended as a review of general concepts, but not required.

- The Wills Eye Manual, 7th ed. (2017)
- Kaiser and Friedman, Mass Eye and Ear Illustrated Manual of Ophthalmology, 4th ed. (2014)
- American Academy of Ophthalmology's Preferred Practice Patterns for Blepharitis and Dry Eye Syndrome

The following learning objectives are provided as a guide to aid in navigating through the references and preparing for the reference-based section of the assessment.

Reference 1: Fromstein SR, et al. Demodex blepharitis: clinical perspectives. *Clinical Optometry.* 2018;10:57–63. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6118860/pdf/opto-10-057.pdf

The learner will be able to:

- Compare and contrast the two forms of Demodex
- Discuss the role of Demodex as normal part of the eyelid flora
- Discuss the sign and symptoms of Demodex-associated anterior blepharitis, posterior blepharitis, adjacent inflammations and comorbidities
- Articulate how to diagnosis demodicosis based on signs, symptoms and clinical testing
- Discuss the strategy and rationale for management of demodicosis
    - Based on severity of condition
    - Home-based therapy
    - In-office therapy

Reference 2: Choi RY, Rivera-Grana E, Rosenbaum JT. Reclassifying Idiopathic Uveitis: Lessons From a Tertiary Uveitis Center. *Am J Ophthalmol*. 2019 Feb;198:193-199. https://pubmed.ncbi.nlm.nih.gov/30352197/

The learner will be able to:

- Discuss the major findings in this study
    - How frequently a more precise diagnosis was determined for patients with a referral diagnosis of idiopathic uveitis
    - The relative frequency for the diagnoses that replaced idiopathic uveitis
- List the classification categories for uveitis according to the SUN criteria
- Articulate the diagnostic strategy employed for determining the most common replacement diagnoses
- Presumed sarcoidosis
- HLA-B27-associated uveitis
- TINU syndrome
- Infectious causes
- Identify the findings (demographics, signs, symptoms, SUN criteria, lab test results) that characterized each of the replacement diagnoses above
- Articulate the importance of establishing a precise diagnosis, if possible, and cite examples of how a precise diagnosis impacted the outcome of treatment for specific patients

Reference 3: Promelle V, Goeb V, Gueudry J. Rheumatoid Arthritis Associated Episcleritis and Scleritis: An Update on Treatment Perspectives. *J Clin Med*. 2021 May 14;10(10):2118 https://pubmed.ncbi.nlm.nih.gov/34068884/

The learner will be able to:

- List the common ocular manifestations of RA and how frequently they occur
- Describe the presentation of episcleritis and the various forms of scleritis
- Describe the presentation and natural course of scleritis in patients with RA and how it differs from idiopathic scleritis
- Identify the immunological markers that predict when patients with idiopathic scleritis are at risk of developing a systemic autoimmune disease
- Describe the general treatment strategies for episcleritis and scleritis
- Describe the significance of necrotizing scleritis with respect to the patient's overall health and ocular prognosis; discuss how and why this has changed over the past several decades
- List some of the complications associated with scleritis and factors that increase the risk of ongoing inflammation
- Define remission in patients with scleritis and identify factors affecting the likelihood of remission