

OBJECTIVE FINDINGS	PROBABLE CAUSE	HOW TO CORRECT
Excessive Movement.	Too Loose, too steep, tearing.	Check fluorescein pattern and check lens edge.
No Movement.	Lens is too large and or too steep.	Flatten BC and reduce diameter.
Displaced by Lid.	Edge too thick, lens too large or flat.	Reduce edge thickness. Reduce diameter. Steepen base curve.
Bubbles under Lens.	Base curve too steep.	Flatten base curve.
Central Pooling.	Lens too flat.	Flatten base curve.
Central Touch.	Peripheral curve too flat or too wide.	Steepen lens.
Excessive Edge Standoff.	Normal in adaptation, Poor Circulation.	Remake with narrower and/or steeper peripheral curve.
Fine Stippling.	Foreign body under lens.	Clean lens.
Zig-Zag Corneal Stain.	Periphery too flat, size incorrect.	Flatten base curve. Increase lens size 0.40mm.
Stainging 3 & 9 o'clock.	Corneal ulcer or Uveitis.	Cease lens wear and start medical care.
Deep Corneal Stain with Pain.	Lens too steep or flat.	Check K'readings and refit after 5 days without lenses.
Unusal Change in Refraction.	Scratches on surface. Deposits on lens.	Polish lens and patient to use protein remover. i.e. Progent
Mucus on Lens.	Too small of too flat.	Increase diameter to tighten base curve.
Lens falls Out.	Against the rule Astigmatism.	Steepen base curve and reduce optic zone.
Lens Rides Under Top Lid.	Lens is too flat.	Reduce diameter and steepen base curve.
Lens Rides too Low.	Lens too small, too thick or too flat.	Reduce thickness and steepen base curve.