

Social Security Disability Physician Sample Letter

RE:

To Whom It May Concern:

_____ has been known to me and in my care since _____, suffering from **Essential Blepharospasm** (Blue Book Section 2.00, subsection 8b), a well recognized neurologic condition characterized by episodic, spontaneous, involuntary closure of the eyes, rendering this individual bilaterally blind with the equivalence of no light perception vision during these unpredictable periods of variable duration and frequency. Unfortunately, even with regular treatments, this patient continues to suffer from statutory blindness (visual acuity worse than or equal to 20/200 in both eyes and/or profound visual field loss to within 5° of central fixation) approximately _____ percent of the time.

In evaluating the visual compromise in this individual who suffers from severe Essential Blepharospasm, "best" visual acuity, "best" visual field, and "best" visual efficiency (as defined in Blue Book Sections 2.02, 2.03, and 2.04, respectively) must be appropriately interpreted in the context of this devastating, unique neurologic disorder.

Four additional circumstances make this an even more compromising disorder:

1. The most significant vision impairment in Essential Blepharospasm occurs instantly and unpredictably, making such activities as walking in public spaces and driving generally unsafe.
2. Since this patient is infrequently fully sighted; partially sighted at other times due to "squinted," constricted visual fields; and completely blind at others, most of the compensatory mechanisms usually well-developed in many partially sighted individuals are lacking, thus causing an even greater functional impairment.
3. By attempting to maintain eyelid opening by physical means, such as chronic brow elevation and manual separation of the eyelids, this patient often develops dry eyes and poor quality tear films, causing glare and dazzle from even low power light which further impairs vision.
4. Essential Blepharospasm is incurable.

In short, it is my professional opinion that this individual meets Social Security criteria for _____ % disability based upon vision compromise. If I can provide any further information, please do not hesitate to contact our office.

Sincerely,

Charles N. S. Soparkar, M.D., PhD
Plastic Eye Surgery Associates
3730 Kirby Drive, Suite 900
Houston, TX 77098

Explanation of Percentages

Qualification for SS disability has changed in the past and may change again in the future, although changes are more dependent upon clearer definition these days rather than changes in absolute numbers. To see if you qualify for disability, you add up all the organ systems involved, say you have one leg, kidney trouble, and poor vision, each of which gives you a specific score obtained from published tables. If your number is high enough, then you qualify for some degree of disability. The degree of disability that you are awarded (e.g. 50% or 100% or some other percentage) is based upon your total score.

Visual loss is based upon a calculated Visual Efficiency which is determined by plugging visual acuity and visual field into a table. The degree of Visual Efficiency that you have can then award you some degree of visual impairment which goes into your total score for disability. Currently, if you have best corrected visual acuity of less than 20/200 in both eyes or visual fields subtending 5 degrees or less from central fixation in both eyes, or some combination of better vision with worse visual field, etc., then you qualify for 100 % visual impairment which awards you 100% disability.

Although the numbers should speak for themselves, final determination of whether or not a person gets awarded disability often goes before a judge who may require the patient to appear in person. If a person with BEB shows up in court and appears able to walk by themselves or able to read, the judge may dismiss the case out of hand, because there are currently no guidelines for intermittent dysfunction of any organ system. When the system was set up, they figured you either had an amputated leg or you didn't. There were no intermittent amputees.

Also, when physicians fill out the letter we've written, they may be uncomfortable saying a patient is "totally blind" or even "legally blind" when visual acuity and visual field are sometimes quite good or normal, especially if they have documented visions in their chart during spectacle prescription. So, I've given both the physician and the judge a way to accept that the patient may sometimes have "useful" vision by allowing physicians to enter a number into the percent time that they feel the patient is dysfunctional, or blind. If I were filling this out, I would write " > 90 %" of the time.

I put in the section describing why BEB is particularly problematic, so that if a physician writes a smaller number than > 90 % that they feel comfortable writing, such as say "50 %" of the time, the patient (or a lawyer on behalf of the patient) can make the argument to the judge that the problem is no one knows what 50% of the time the vision will be good, and then when the vision is suddenly bad, the patient has none of the usual coping mechanisms that most visually impaired people develop. So, their "functional" blindness is far greater than one might expect.

The final blank for the percent of disability the patient has is so that a physician can extrapolate for the judge what impact this functional blindness truly has. So, a doctor who only feels comfortable writing the patient has total blindness 50% of the time might also appreciate that this means they are 100% disabled.

In summary, in the first blank, I would generally write >90% and in the second blank I would write 100%.

Here is the example I gave the SS lawyers to present to the judges:

A sighted person putting on his shoes sits on the bed, quickly glances about the room, finds his shoes and puts them on. A blind person has learned to always put his shoes next to the leg of the bed and quickly finds them by feel and puts them on. The person with BEB in a good minute may quickly spot his shoes, but most times he will sit on the bed struggling to force his eyes open with his fingers for ten minutes, trying to scan the room to find his shoes, before he then attempts to cross the room to get them and return to the bed before putting them on, so he never knows how long it will take him to dress or whether he will ever find his shoes that morning or not.

[Disability Index Page](#)

[BEBRF Blepharospasm Home Page](#)