



Low Vision Examinations with Dr. Sanbrita Mondal, Director of
Low Vision Services, UW Health
Interviewed on 5/19/2020

Amy Wurf: Hi! My name is Amy Wurf, and I am a low vision therapist with the Wisconsin Council of the Blind & Visually Impaired. During this Safer at Home time, we are exploring new ways to reach out and share information through interviews with people on topics of interest to those with vision loss.

Before we get started, I wanted to tell you a little bit about the Council. Our mission is to promote the dignity and empowerment of the people of Wisconsin who are blind or visually impaired through legislative advocacy, vision services and education. We were founded in 1952 and are governed by people who are blind or visually impaired.

Our vision services team provides one-on-one and group rehabilitation services to those with vision loss. We offer low vision evaluations and follow-up, in-home vision rehabilitation and assistive technology training. Although our office in Madison is currently closed, our Sharper Vision Store continues to take phone and online orders.

Many people we work with have been diagnosed with macular degeneration. Macular degeneration is a leading cause of vision loss in the United States. The disease affects the macula of the eye which is responsible for providing the sharp central vision needed to clearly see objects, faces and print. If you have been diagnosed with macular degeneration and are having difficulty reading your mail or medication bottles, seeing details on television, or managing your daily activities due to changes in your vision, your primary eye doctor may recommend that you



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schedule a low vision evaluation. Today we are going to give a brief overview of the low vision exam.

Dr. Sanbrita Mondal is the Director of Low Vision Services at UW Health. She provides primary eye care in addition to low vision evaluations. Welcome Dr. Mondal!

Dr. Mondal: Thank you!

Amy Wurf: Can you describe what to expect during the low vision examination, and explain how it is different from a standard eye exam?

Dr. Mondal: Yeah. A low vision exam is an examination of your functional vision. We assess your visual acuity, contrast sensitivity, glare sensitivity and central field of vision to get a better understanding of your vision. With this information we are determining what kind of vision you have, how are you using it, and how can we help you use it to what you want or need to do. We cannot restore the vision you have lost. We work with the vision you have left to help you learn new skills and adapt so that you can continue to do most things you want to do independently.

Amy Wurf: During the low vision examination do you check the eyeglasses prescription and, if needed, recommend a new prescription?

Dr. Mondal: Yes. We do a refraction in more detail with a trial frame and loose lenses to determine if we can enhance your functional vision. We use special eye charts with different optotypes than what you would find at your primary eye care provider's office. We may or may not recommend a new



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prescription. Sometimes, we may prescribe a higher power reading prescription to help magnify the text you are trying to read.

Amy Wurf: That's great! Why do you ask about hobbies or daily activities in the examination?

Dr. Mondal: Yes. We want to know what your visual goals are, what type of difficulties you're having, and come up with a plan of recommendations for vision rehabilitation. And so, that's why we like to know more about your day-to-day activities and what you'd like to do and what you want to do.

Amy Wurf: That makes sense. And will there be a follow up appointment with you?

Dr. Mondal: So, you may have a follow-up appointment based on the types or numbers of rehabilitation goals you have. As your vision changes you may see us for further assessment on how to adapt to these changes to meet your visual goals.

Amy Wurf: And if someone is feeling anxious or depressed about vision changes, what resources can your clinic offer?

Dr. Mondal: We have a social worker who works closely with us and can help provide resources for low vision support groups in the community, resources for daily life support that is needed, and also resources for mental health support. It is important to recognize the grief associated with vision loss and get the support you need for a successful vision rehabilitation.

Amy Wurf: That's very good to know. If a person is getting eye injections for wet macular degeneration, how important is it to continue to schedule those?



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Dr. Mondal: It is extremely important. As of now, there is no cure for age-related macular degeneration, but the purpose of treatment with eye injections for wet age-related macular degeneration is to delay the progression or even sometimes improve vision. The eye injection is the best chance of stabilizing the disease progression so that your vision is less likely to get worse. Sometimes you may not notice an improvement in your vision with injections and may feel discouraged to continue to go to your appointments as recommended by your ophthalmologist. However, it is highly important to adhere to the recommendations set forth by your eye care provider to stabilize the disease and to preserve the vision you have.

Amy Wurf: Good, I think that's a very good and important information for people to keep in mind. Talk about coming for a low vision evaluation, does Medicare or insurance cover the cost of that low vision exam?

Dr. Mondal: That is a very good question. So, Medicare does cover the cost of a low vision exam with an optometrist or ophthalmologist. Most private insurances do as well. But it is important to find out what coverage you have by calling your insurance carrier for more information.

Amy Wurf: Good. And how about magnifiers that you might recommend? Does insurance or Medicare cover the cost of those?

Dr. Mondal: Yes. Unfortunately, Medicare or private insurances do not cover the cost of low vision aids. If you have a supplemental vision insurance, you can call and ask them if their plan has any specifics towards reimbursement or allowances towards purchasing of low vision aids, but those kinds of plans are pretty rare. But definitely when in doubt, it's always good to call the insurance carrier to find out more information.



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Amy Wurf: Good. Thank you so much. Is there anything else you'd like to share with us today?

Dr. Mondal: Yeah. Please do not hesitate to let your eye care provider know if your vision changes are affecting your activities of daily living. Vision rehabilitation is most successful when started early on in the disease process and when your vision is still good. For example, the number one complaint with macular degeneration in my clinic is the inability to read. If you are still able to read but with some difficulty, it is time to discuss with your eye care provider regarding a referral to low vision services. The skills you learn and the mindset you gain will help you adapt to your vision as it changes. You will feel empowered to advocate for yourself as you continue to live a fulfilling life. With low vision rehabilitation, there is always something that can be done with vision loss.

Amy Wurf: I'm glad that you said that. Those are really important points to keep, everyone to keep in mind. And I want to thank you so much for speaking with me today, Dr. Mondal.

Dr. Mondal: Thank you, Amy, for having me.

Amy Wurf: You're welcome. And we are pleased to work in partnership with Dr. Mondal to provide low vision services. There are also services available through the State Office for the Blind and Visually Impaired, the Veteran's Health Administration, as well as other agencies and clinics in the state. For more information, please feel free to visit the Council at WCBlind.org or reach out to staff by calling 1-800-783-5213. You can sign up for one of our weekly emails to get updates about our advocacy efforts, events, or vision-related topics. Thank you so much for joining us today and I hope you're able to learn a little more about the Council, about the low vision evaluation with Dr.



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Mondal, macular degeneration, and what the Council does. Thank you so much.

Dr. Mondal: Thank you.