

MD Roman Sobecki  
Forensic ophthalmologist  
Working with Warsaw-Praga District Court in Warsaw  
Ophthalmologic Division  
Miedzyleski Specialist Hospital  
Ul. Bursztynowa 2, 04-749 Warsaw, tel. 22-4735341

**Case number: XIVU 1748/16**

XIV District Court in Warsaw Work and Pensions division

**Warsaw, 03.11.2016**

**Forensic ophthalmologist's medical opinion in relation to Adrian Olszewski's case**

Forensic ophthalmologist has determined, after having familiarised himself with the applicant's - Adrian Olszewski, 32 years of age (ID card number **illegible**) – case: diminished visual acuity in both eyes caused by degenerative changes in retina due to high degree myopia.

The eyesight in both of the eyes was found to be impaired: high degree myopia and astigmatism. Sharpness of vision in the right eye = 0,4 with correction SPH of -14.5 dioptries and CYL of +2.5 dioptries, sharpness of vision in the left eye = 0.5 with correction SPH of -14 dioptries and CYL of +3 dioptries. Decreased sharpness in near vision in the right eye (aided). The applicant does not present any ophthalmic documentation and states that high short-sightedness and decreased vision in both eyes have been diagnosed in childhood. The applicant claims that the vision has been decreasing, especially in the last 2-3 years which hinders him from performing work duties (the applicant states he works as a salesman). Because of the threat of retinal detachment the applicant underwent a preventative laser therapy in February 2016 ( "Mavit" Clinic in Warsaw). The available documentation [The Polish Pension Body files k-2-12] indicates that the condition of organs of vision was rather stable between 2014-15.

Retinal degeneration changes that could result in retinal detachment were found in January and February 2016, subsequent preventative laser therapy was performed. The applicant suffers from advancing degenerative high degree myopia with a risk of retinal detachment. The applicant is a person with the status of partial inability to work. This has been the case since the beginning of 2016 and was issued to him permanently as no improvement will occur.

/-/ An illegible signature

A stamp reading "MD Roman Sobecki";

The rest of the stamp is illegible

MD Roman Sobecki  
Forensic ophthalmologist, working with Warsaw-Praga District Court in Warsaw  
Ophthalmologic Division  
Miedzyleski Specialist Hospital, Ul. Bursztynowa 2, 04-749 Warsaw, tel. 22-4735341

**Case number: XIVU 1748/16**

XIV District Court in Warsaw Work and Pensions division

**Warsaw, 26.01.2017**

**Additional Information in forensic ophthalmologist's medical opinion in relation to Adrian Olszewski's case**

In response to "Medical Opinion" issued by the Polish Pension Body on 13.01.2017 forensic ophthalmologist kindly explains that this case does not merely involve the visual acuity which remains between 0,4 – 0,5 following correction but the high (enormously high) degree myopia with a large amount of astigmatism, with extensive degenerative retinal changes that can lead to a retinal detachment following the undertaken retinal laser photocoagulation. The chairman of the Medical Committee at the II branch of ZUS (Polish Pension Body) in Warsaw has not mentioned the high degree short-sightedness and focused on the visual acuity only. However, the visual impairment remaining so high after the high dioptre spectacle correction (-14 dioptries and 2,5 – 3,0 CYL ) is applied practically makes the vision worse than the examination would indicate due to the trouble of wearing thick glasses for visual correction and the peripheral vision problems that come with it ("Prismatic effect", spherical and chromatic aberrations). Usually because of the aforementioned problems people affected use weaker lenses which decreases the unfavourable effects at the expense of decreased vision.

It emerged during an interview that this is the case in this instance. On top of it, the applicant has undergone a laser photocoagulation on the retinal circuit (current retinal scars) and also degenerative retinal changes were found at the bottom of the eye which in effect causes scotoma and a narrowed field of view. The applicant has not reported the narrow field of view but should the Polish Pension Body hesitate to account for the applicant as of someone partially unable to work I suggest that such an examination is additionally conducted as it will definitely reveal such changes. I would like to point out that a functionality of the visual organ can be determined not only by the examination of the visual acuity but also the severity of visual defects, the field of view, the mobility and position of eyes, the condition of additional organs (eyelids, conjunctiva, lacrimal apparatus). The previously issued opinion from 03.11.2016 is therefore upheld by the forensic ophthalmologist.

/-/ An illegible signature  
A stamp reading "MD Roman Sobecki";  
The rest of the stamp is illegible