

**FREDERIC T. HUFFNAGLE, M.D.**  
**Board Certified Orthopedic Surgeon**

April 27, 2010

RE: [REDACTED]

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**Head / Neck**

Eye Problem – Negative  
Sore Throat – Negative  
Swollen Neck, Glands – Negative

**Cardiovascular**

Chest Pain – Negative  
Irregular Heartbeat – Negative  
Leg / Feet Swelling – Negative  
Leg / Foot Ulcer – Negative

**Respiratory**

Wheezing – Negative  
Pneumonia – Negative  
Cough – Negative  
Shortness of Breath – Negative  
Sleep Apnea – Negative

**Gastrointestinal**

Abdominal Pain – Negative  
Nausea / Vomiting – Negative  
Diarrhea – Negative  
Black Tar-Like or Blood Stools – Negative

**Endocrine**

Heart or Cold Intolerance – Negative

**Hematologic / Oncologic**

Anemia – Negative  
Easy Bleeding or Bruising – Negative  
Recent Blood Transfusion – Negative

**Bone / Joints**

Joint Swelling – Positive  
Joint Pain – Positive  
Pain in Multiple Joints – Positive for low  
back pain and left leg pain  
Weakness - Negative

**Genitourinary**

Bladder Infection – Negative  
Pain with Urination – Negative  
Frequent Urination – Negative  
Difficulty with Urination – Negative

**Neurological**

Anxiety / Depression – Positive  
Headaches – Negative  
Tremors – Negative  
Speech Problems – Negative  
Changes in Vision – Negative  
Feeling of Hopelessness – Negative  
Sleep Disturbance – Negative

**PREVIOUS TESTS:** This man has no recent tests.

**PHYSICAL EXAMINATION:** In the lumbar spine his flexion is 20 degrees and extension 0 degrees. He has right lateral bending of 5 degrees and left lateral bending of 8 degrees. He cannot walk on his heels or toes. He has a normal gait.

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His knee reflexes are 0 on the right and 2+ on the left. His ankle reflexes are 0 on the right and 0 on the left. His right calf measures 16-1/4 and the left calf measures 15-1/4. His Jamar test is 40 kg on the right and 30 kg on the left.

**IMPRESSION:**

1. Sciatica.
2. Possible L4-L5 disc herniation.
3. Diabetes mellitus.

**DISCUSSION:** This man has had a failure of epidural treatment. His back pain has increased with time and he needs further studies and treatment for this. His prognosis for the future is guarded.

The opinions rendered in this case are the opinions of the evaluator. These opinions are based upon reasonable medical probability. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service/report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination, and documentation. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced.

If additional information is needed in this case, please do not hesitate to contact me.

Sincerely,

  
Frederic T. Huffnagle, M.D.  
Diplomate, American Board of Orthopaedic Surgeons  
Fellow, North American Spine Society

FTH/kb



## PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual

Social Security Number

Instructions on completion of this form: The purpose of this form is to determine the above individual's ability to do work-related activities on a day-to-day basis in a regular work setting. Therefore, please provide using this form an assessment that is based on your examination of the above individual of how the above individual's physical capabilities are affected by the impairment(s) that he or she may have. In rendering your assessment you should consider the above individual's medical history, the chronicity or lack of chronicity of findings, and the expected duration of any work-related limitations, but do not consider in rendering this assessment the above individual's age, sex, or work experience.

For each activity shown below:

- (1) Please check the appropriate block;
- (2) Respond to the questions concerning the individual's ability to perform the activities; and
- (3) Identify the particular medical findings (i.e., physical exam findings, laboratory test results, history, symptoms including pain) which support your assessment of any limitations that the above individual may have. If the above individual does not have any limitations in a category or categories please indicate this as well.

Note: It is important that you relate any particular findings to any assessed limitation(s) in the above individual's capacity. In fact, the usefulness of your assessment depends in large part on the extent to which you do this.

I. Are LIFTING/CARRYING affected by impairment(s)? NO ( ) YES ( X )

If the answer is "Yes" please provide the number of pounds the individual can lift and/or carry:

Maximum occasionally is defined as from very little up to 1/3 of an 8-hour work day. 8-10 pound  
Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 5 pounds

II. Are STANDING/WALKING affected by impairment(s)? NO ( ) YES ( X )

If the answer is "Yes" please provide how many hours in an 8-hour work day can the individual stand and/or walk:

Total in an 8-hour work day: 2 hours  
Without interruption: 20 minutes

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III. Is SITTING affected by impairment(s)? NO ( ) YES ( X )

If the answer is "Yes" how many hours in an 8-hour work day can the individual sit:

Total in an 8-hour work day: 4-5 hours

Without interruption: 15-30 minutes

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IV. How often can the above individual perform the following POSTURAL ACTIVITIES?

Please indicate your responses with a checkmark in the appropriate spaces below:

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Climbing	X			
Balancing		X		
Stooping			X	
Crouching			X	
Kneeling			X	
Crawling	X			

"Never" is defined as not ever.

"Occasionally" is defined as an activity which exists up to 1/3 of the time.

"Frequently" is defined as an activity which exists from 1/3 to 2/3 of the time.

"Constantly" is defined as an activity condition which exists 2/3 or more of the time.

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V. How often can the above individual perform the following  
PHYSICAL/COMMUNICATIVE FUNCTIONS?

Please indicate your responses with a checkmark in the appropriate spaces below:

**PHYSICAL FUNCTIONS**

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Reaching		X		
Handling			X	
Feeling			X	
Pushing/Pulling			X	

“Never” is defined as not ever.

“Occasionally” is defined as an activity which exists up to 1/3 of the time.

“Frequently” is defined as an activity which exists from 1/3 to 2/3 of the time.

“Constantly” is defined as an activity which exists 2/3 or more of the time.

**COMMUNICATIVE FUNCTIONS**

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Seeing				X
Hearing				X
Speaking				X

“Never” is defined as not ever.

“Occasionally” is defined as an activity which exists up to 1/3 of the time.

“Frequently” is defined as an activity which exists from 1/3 to 2/3 of the time.

“Constantly” is defined as an activity which exists 2/3 or more of the time.



VI. Indicate how often the above individual can be exposed to the following ENVIRONMENTAL ACTIVITIES/CONDITIONS

Please indicate your responses with a checkmark in the appropriate spaces below:

**ACTIVITY    NEVER    OCCASIONALLY    FREQUENTLY    CONSTANTLY**

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Heights		X		
Moving Machinery		X		
Temperature Extremes			X	
Chemicals			X	
Dust			X	
Noise			X	
Fumes				X
Humidity			X	
Vibration		X		

“Never” is defined as not ever.

“Occasionally” is defined as an activity or condition which exists up to 1/3 of the time.

“Frequently” is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

“Constantly” is defined as an activity or condition which exists 2/3 or more of the time.

VII. Please discuss any other work-related activities which are affected by the individual’s impairment(s), and indicate how the activities are affected. Please provide any additional medical findings that support this assessment. Please provide any additional comment(s) here.

Please see my attached orthopedic evaluation report for supporting explanation.

4/23/10  
Date

  
FRÉDERIC T. HUFFNAGLE, M.D.  
BOARD CERTIFIED ORTHOPEDIC SURGEON