

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 give 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. 20 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 15 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: 1 hour

Without interruption: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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.

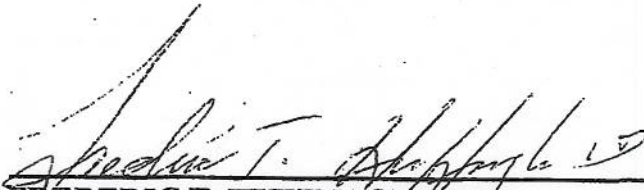
"Frequently" is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

"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.

1/5/07
Date


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

HUFFNAGLE APPOINTMENTS FOR 07/27/07

NAME	FILE #	EVALUATION
1. [REDACTED]	18793	EVALUATION
2. [REDACTED]	20057	EVALUATION
3. [REDACTED]	20686	EVALUATION
4. [REDACTED]	19749	EVALUATION
5. [REDACTED]	19277	EVALUATION
6. [REDACTED]	20344	EVALUATION
7. [REDACTED]	19903	EVALUATION
8. [REDACTED]	19079	EVALUATION
9. [REDACTED]	19202	EVALUATION
10. [REDACTED]	20037	EVALUATION
11. [REDACTED]	19872	EVALUATION
12. [REDACTED]	20470	EVALUATION
13. [REDACTED]	18631	EVALUATION
14. [REDACTED]	19257	EVALUATION
15. [REDACTED]	19725	EVALUATION
16. [REDACTED]	20439	EVALUATION
17. [REDACTED]	19361	EVALUATION <i>ncv 730-</i>
18. [REDACTED]	20636	EVALUATION
19. [REDACTED]	19715	EVALUATION
[REDACTED]		
[REDACTED]		

*200 -
200 -
750*

HUFFNAGLE APPOINTMENTS FOR 07/26/07

NAME	FILE #	TYPE OF EXAM
[REDACTED]	19451	EVALUATION
[REDACTED]	20103	EVAL. w/ NCV/RFC 720-
[REDACTED]	19626	EVALUATION
[REDACTED]	19748	EVALUATION
[REDACTED]	19597	EVALUATION
[REDACTED]	19206	EVALUATION
[REDACTED]	20443	EVALUATION
[REDACTED]	19233	EVALUATION
[REDACTED]	19588	EVALUATION
[REDACTED]	19972	EVALUATION
[REDACTED]	19477	EVALUATION
[REDACTED]	19589	EVAL. w/ NCV 685-
[REDACTED]	19474	EVALUATION
[REDACTED]	18062	EVALUATION
[REDACTED]	18750	EVALUATION
[REDACTED]	19690	EVAL w/ NCV 720-
[REDACTED]	19504	EVAL w/ NCV 640
[REDACTED]	18968	EVALUATION

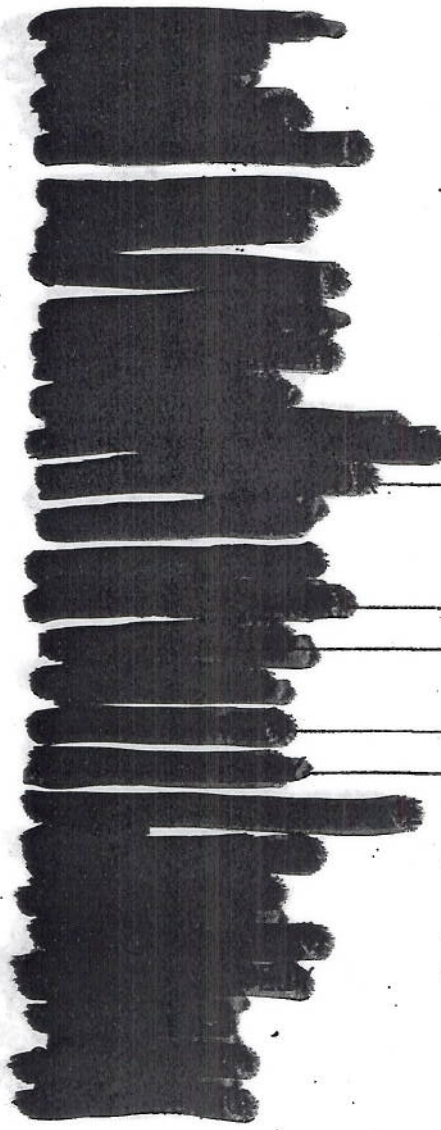
18

7200-
2765

9965

DR HUFFNAGLE'S APPT'S FOR 05/24/07

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(N/C ONLY) 692

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"FILE REVIEWS"

 *200*

DR HUFFNAGLE APPT'S FOR 4/27/07

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[REDACTED]

- X RAYS
X - X RAYS

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DR HUFFNAGLE'S APPT'S FOR 3/27/07

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[REDACTED]

Eval - NIC - PAID for NC
ON CLK

17 x 400 = \$6800

FREDERIC T. HUFFNAGLE M.D.
 Orthopedic Surgeon
 720 Chestnut Street
 Suite 102
 Bowling Green, Kentucky 42101

Nerve Conduction Testing ORDER FORM

Patient: _____
 Date: 3-27-07
 Physician: Dr. F.T. Huffnagle
 Clinical Findings: _____

Patient ID: _____
 Age: _____
 Height: _____
 Weight: _____

FOR PHYSICIAN: Please Circle Indication		FOR TEST OPERATOR: Please Use Exam Type and Indicated Biosensors						RECOMMENDED CODING:			
Clinical Indication	NC-Stat Exam Type	Number of Biosensors	Ulnar 95903 & 95904	Median 95903 & 95904	Peroneal 95903	Tibial 95903	Sural 95904	CPT-95903 # Units	CPT-95904 # Units		
Polynervo/DPN	Diabetic Neuropathy (DPN)	Diabetes	4	Either	L, R		Either	3	2		
	Polyneuropathy	Polynervo	4	Either	L, R		Either	3	2		
	Lumbosacral Radiculopathy vs. Polyneuropathy	LSR & PN	6	Either	L, R	L, R	Either	5	2		
Low Back & Leg Pain	Back Pain (non-localizing)	Back Pain	5			L, R	L, R	Either	4	1	
	Radiating Back Pain/Leg Pain			170 S	64	56	50				
	<u>Bilateral</u>	Sciatica	6			<u>L, R</u>	<u>L, R</u>	<u>L, R</u>	4	2	
	Left	Sciatica	4			L, R	L	L	3	1	
	Right	Sciatica	4			L, R	R	R	3	1	
	Spinal Stenosis	Sciatica	6			L, R	L, R	L, R	4	2	
Upper Extremity	Carpal Tunnel Syndrome										
	Bilateral	CTS	4	L, R	L, R				4	4	
	Left	CTS	3	L	L, R				3	3	
	Right	CTS	3	R	L, R				3	3	
	Cubital Tunnel Syndrome										
	Bilateral	Cubital	4	Elbow/Wrist L Elbow/Wrist R	L, R				4	4	
	Left	Cubital	3	Elbow/Wrist L Elbow/Wrist R	L				3	3	
	Right	Cubital	3	Elbow/Wrist L Elbow/Wrist R	R				3	3	
	Neck C8-T1 Radiculopathy Only										
	Bilateral	Neck C8 / T1	4	L, R	L, R				4	4	
Left Side	Neck C8 / T1	3	L	L, R				3	3		
Right Side	Neck C8 / T1	3	R	L, R				3	3		
Foot/Ankle	Tarsal Tunnel Syndrome										
	Bilateral	TTS	4			L, R	L, R		4		
	Left	TTS	3			L	L, R		3		
	Right	TTS	3			R	L, R		3		

* This information is intended to assist providers in accurately billing for healthcare services. However, it is always the responsibility of the provider to determine appropriate coding for services performed.

Amount Due: 560 + 170 = 720.00

DR HUFFNAGLE APPT 03/01/07

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[REDACTED]

- Resch to 3/2/07

12:40

5

FILE REVIEWS

[REDACTED]

10,000 -
800 -

10,800 -

RFC Version #1

PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual

Social Security Number

[REDACTED]

[REDACTED]

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 give 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 pounds

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: 3 hours

Without interruption: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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	

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COMMUNICATIVE FUNCTIONS

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Seeing				X
Hearing				X
Speaking				X

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"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		

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"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.

5/5/08
Date

Frederic T. Huffnagle, M.D.
FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #2

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 give 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. 10-15 pound

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 4-5 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: 2-3 hours

Without interruption: 30 minutes

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: 3-4 hours

Without interruption: 15-20 minutes

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.

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"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.

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		

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COMMUNICATIVE FUNCTIONS

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Seeing				X
Hearing				X
Speaking				X

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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
Heights		X		
Moving Machinery		X		
Temperature Extremes		X		
Chemicals			X	
Dust				X
Noise				X
Fumes				X
Humidity			X	
Vibration		X		

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"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.

Date

10/6/09

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

RFC Version #3

PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual

Social Security Number

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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: 2-3 hours

Without interruption: 15-30 minutes

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: 3 hours

Without interruption: 30-45 minutes

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		

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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		

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COMMUNICATIVE FUNCTIONS

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Seeing				X
Hearing				X
Speaking				X

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

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		

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

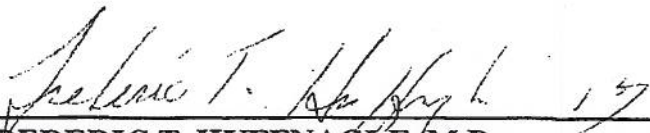
"Frequently" is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

"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.

Date _____



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

RFC Version #4

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 give 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

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

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.

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

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.

7/11/08
Date

Frederic T. Huffnagle, M.D.
FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #5

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. 10 pounds

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: 1 hours

Without interruption: 20 minutes

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: 5 hours

Without interruption: 30 minutes

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.

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

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.

Date

1/5/10

FREDERIC T. HUFFNAGLE, M.D.

BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #6

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 give 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. 10 pounds

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: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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.

8/2/08
Date

Frederic T. Huffnagle
FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #7

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 give 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. 10 pounds

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: 3 hours

Without interruption: 30 minutes

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: 3 hours

Without interruption: 1 hour

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.

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
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.

12.3.07

Date


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

RFC Version #8

PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual

Social Security Number

[REDACTED]

[REDACTED]

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 give 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. 15-20 pound

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 10 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: 2-3 hours

Without interruption: 30 minutes

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: 3 hours

Without interruption: 30 minutes

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.

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
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.

Date

12/29/09

Frederic T. Huffnagle

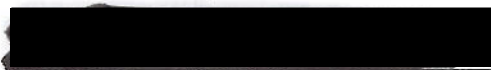
 FREDERIC T. HUFFNAGLE, M.D.
 BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #9

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 give 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. 20 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 15 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: 1 hour

Without interruption: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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
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.

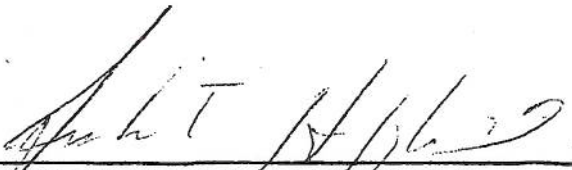
"Constantly" is defined as an activity or condition which exists 2/3 or more of the time.

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.

12-3-07

Date



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

RFC Version #10

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. 5-10 pounds

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: 1-2 hours

Without interruption: 30 minutes

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: 15-20 minutes

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.

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.

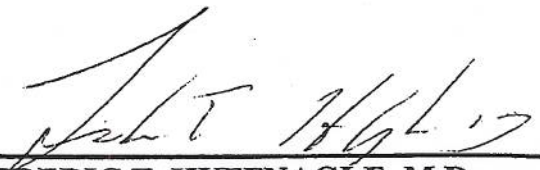
"Frequently" is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

"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.

11/3/09
Date

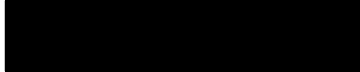

FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #11

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 give 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. 15 pounds
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: 3 hours

Without interruption: 20-30 minutes

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 hours

Without interruption: 30 minutes

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.

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
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.

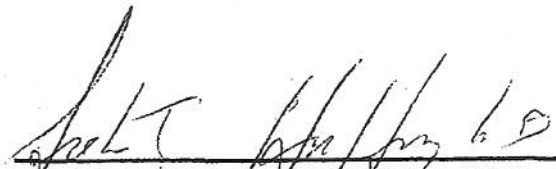
"Frequently" is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

"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.

3/2/10
 Date



FREDERIC T. HUFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #12

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 give 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. 15 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 10 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: 1 hour

Without interruption: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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.

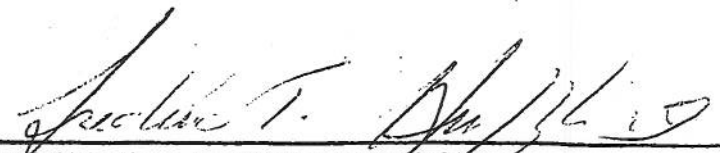
"Frequently" is defined as an activity or condition which exists from 1/3 to 2/3 of the time.

"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.

8/23/07
Date


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

RFC Version #13

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 give 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. 10 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 7-8 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: 3 hours

Without interruption: 20 minutes

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: 3 hours

Without interruption: 45 minutes

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.

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.

7/14/09
 Date

Frederic T. Huffnagle, M.D.
FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #14

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 give 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. 20 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 10 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: 30 minutes

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 hours

Without interruption: 30 minutes

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.

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
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.

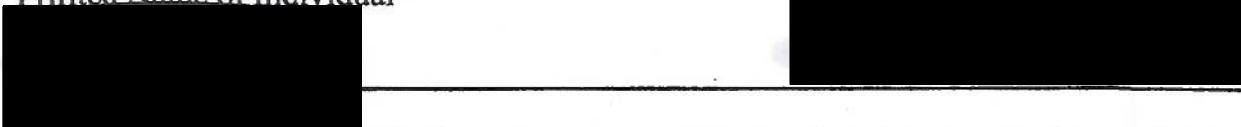
1/3/08
Date

Frederic T. Huffnagle
FREDERIC T. HUFFNAGLE, M.D.
BOARD CERTIFIED ORTHOPEDIC SURGEON

RFC Version #15

PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual



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 give 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. 25 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 10 pounds

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

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: 3 hours

Without interruption: 20 minutes

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: 3 hours

Without interruption: 30 minutes

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	OCCASSIONALLY	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.

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	OCCASSIONALLY	FREQUENTLY	CONSTANTLY
Reaching		X		
Handling		X		
Feeling			X	
Pushing/Pulling	X			

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“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	OCCASSIONALLY	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	OCCASSIONALLY	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.

Date

1/4/08

Frederic T. Huffnagle, M.D.

BOARD CERTIFIED ORTHOPEDIC SURGEON

DRAFT: Report of the Division of Quality's Review of Decisions issued by the Huntington, WV Hearing Office

August 15, 2011

I. OVERVIEW OF THE HUNTINGTON STUDY

We were asked to do a post adjudicative study of decisions issued by ALJ David Daugherty (1527). Based on our findings in that study, we expanded the review to look at decisions from other Judges in the office in cases in which Attorney Eric Conn, or another attorney from his firm, was the representative of record. We discovered that a large number of the cases we reviewed contained reports from a few medical sources that consistently provided assessments that indicated the claimant was not capable of sustaining work activity for an 8-hour day. These sources include David Herr, D.O., Srin Ammisetty, M.D., Phil Pack, M.S., Timothy Carbary, Ph.D., and Bruce Guberman, M.D. These assessments were based on a one-time examination or just a review of the record without an examination. While these sources first came to our attention based on their consistent use by Attorney Conn, we also saw them in cases involving other representatives. We also discovered that many of the decisions we reviewed relied on these assessments, essentially giving them controlling weight although the regulations only allow controlling weight to be given to treating sources. Therefore, we took a closer look at reports from these sources.

From reviewing these decisions, we also discovered that two ALJs had a large number of cases in which the claimants withdrew their request for hearing. We took a closer look at these cases also.

Finally, we did a brief review of cases in which William Arnett was the representative of record after discovering that he was the representative of record in many of the cases we looked at.

The following summary addresses all aspects of our studies.

II. CASES REVIEWED AS PART OF OUR NATIONAL SAMPLE

Since September 27, 2010, we have been doing a pre-effectuation review of a sample of favorable hearing decisions issued across the country. The cases are selected at random, equally across all regions. Through August 12, 2011, we have completed a review of 23 fully and partially favorable decisions issued by Administrative Law Judges and Senior Attorney Advisors from the Huntington Hearing Office. Of those cases, we have effectuated (found the decision supported by substantial evidence) in 14 cases. We exercised own motion review in 9 others. This results in an own motion rate of 39%. This is significantly higher than the own motion rate for the national sample which is about 21%.¹

For ALJ David Daugherty, we reviewed 8 cases and took own motion review in 3, for a rate of 37.5% (almost twice the national average).

For ALJ Charlie Paul Andrus, we reviewed 5 cases and took own motion review in 3, for a rate of 60% (almost three times the national average).

Again, these cases were selected at random by our system. We note that the Appeals Council generally does not take own motion review of a case to remand or issue a less favorable decision unless the

¹ The number of cases reviewed is not sufficient to provide a valid statistical analysis on a hearing office basis.

ultimate conclusion of disability is not supported by substantial evidence or the finding of disability is otherwise clearly erroneous. Thus, a decision may be sent for effectuation despite significant defects with the decision itself.

III. REVIEW OF DECISIONS ISSUED BY JUDGE DAVID DAUGHERTY

We reviewed 128 decisions issued by this ALJ for the period January 15, 2011 through February 15, 2011. All of the decisions were favorable reversals. We did not find any unfavorable decisions issued by this ALJ during this period. The period was selected at random. Our findings are as follows:

- 62 of the decisions were issued on-the-record (no hearing held). The ALJ is shown in CPMS as the decision writer in 61 of these cases.
- Hearings were held in the remaining 66 cases. In 49 of these, the hearing lasted 2 minutes or less. One lasted 19 minutes, and the other 16 lasted 5 minutes or less. This is inconsistent with the large majority of cases we review which are usually much longer. From a sample of cases in which we audited the recording, a typical hearing involved the ALJ asking the claimant if they were seen by a certain medical source, usually one in which a report was submitted by their representative at the hearing level. The ALJ would then provide a hypothetical to the VE based on the functional assessment provided by that source and the VE would testify there were no jobs available. There was very little inquiry into the nature and extent of the claimant's limitations or activities, information usually solicited at most hearings.
- The claimants were represented in 100% of the cases reviewed. 15 different representatives were involved with the highest involvement by Eric Conn (58 cases), William G. Arnett (20 cases), Dru Shope (9 cases), Kenneth Hicks (8 cases) and William L. Roberts (8 cases). From the records we reviewed, it appears that Mr. Conn and Mr. Hicks are associates.
- In 95% of the cases, decisions were decided at step 5 of the sequential evaluation. The residual functional capacity (RFC) was for less than a full range of sedentary work in 69% of the cases and based on nonexertional limitations only in 20%. In the other 11%, a full range of sedentary or light was found and a rule was used to direct a finding of disability. A number of these required a finding as to whether the claimant had acquired skills from past work that are transferable to other jobs within their RFC. However, this issue was not addressed in the decisions and should have been.
- In 126 of the cases, the claimant's representative submitted additional medical evidence. In 36 cases, the evidence included a treating source opinion. 82 included a one-time examining source opinion (in a number of these reports it is not clear that the claimant was actually seen but the reports seem to indicate that the findings were the result of an examination) and 7 had a non-examining source opinion. In 125 of the cases (99%), these opinions were relied on by the ALJ in finding the claimant disabled. In 68 cases (54%), no other evidence was addressed in the hearing decision. Despite the recent date of these examinations, the ALJ found the claimant disabled many months or years earlier based on the findings contained in these reports.

- In 58 cases (45%), the claimant was represented by Attorney Eric Conn. In another 8 cases, the claimant was represented by another member of that law practice, Attorney Kenneth Hicks. In the 58 cases involving Attorney Conn, the ALJ issued decisions on-the-record in 56 cases (97%).
 - From our review of CPMS, it appears that the ALJ pulled these 56 cases and assigned them to himself. As we will address later in our report, many of these appear to have been pulled at the time the hearing office received new medical reports from the representative. The ALJ is also shown as the decision writer in all of these 56 cases.
 - In 54 of these cases, the representative submitted medical evidence that included a functional assessment or opinion as to disability from a one-time examining source. In the other 2, the new evidence was from a non-examining source.
 - In all of these decisions, the ALJ based his finding of disability on this new evidence and did not address any of the other evidence in the record. The decisions typically consisted of the ALJ's findings and four paragraphs of ALJ drafted language which he cut and pasted from one decision to the next, with one that appears to have been copied and pasted into the decision (the font is different from the remainder of the decision) in which he states that he is satisfied that the information from the non-treating medical source most accurately reflects the claimant's impairments and limitations. While not stating so, in doing this the ALJ constructively gives the medical source assessment controlling weight. Under our regulations, controlling weight can only be given to a treating source (20 CFR 404.1527 and 416.927).

IV. DECISIONS ISSUED BY OTHER ALJs IN THE SAME OFFICE IN CASES IN WHICH ERIC CONN OR AN ASSOCIATE WAS THE REPRESENTATIVE OF RECORD

For comparison purposes, we reviewed decisions issued by three other Judges who had high allowance rates. We looked at a sample of decisions issued between June 1, 2010 and May 27, 2011 in which Eric Conn or an associate was the representative of record.

A. ALJ CHARLIE PAUL ANDRUS (1301)

ALJ Andrus issued final actions in 141 of the cases studied:

- Dismissals: 47
- Favorable: 73
- Unfavorable: 21
- **Judge Andrus' allowance rate (excluding dismissals): 78%** (compared with a 65% allowance rate for all cases decided by Judge Andrus during this time period (418 decisions))

We reviewed a random sample of 63 of the 141 cases with the following outcomes:

- Dismissals: 19
- Favorable: 34
- Unfavorable: 10

In cases where Mr. Herr was used and an actual decision was rendered, 10 cases were favorable, and 4 were unfavorable. In cases where Dr. Guberman was used and an actual decision was rendered, 10 were favorable, and 1 was unfavorable.

Trends: Guberman was used 6 times in the 20 most recent cases (5 of those were favorable); Herr was used only twice in the 20, most recent cases and both cases were unfavorable.

SUMMARY OF FINDINGS: ALJ ANDRUS

ALJ Andrus appears to issue favorable decisions in cases in which Attorney Conn is the representative at a higher rate than cases involving other attorneys. The two doctors' names that showed up with the most frequency were Dr. Herr and Dr. Guberman, as noted above. Judge Andrus did not automatically pay cases involving these doctors, although when using one of these doctors as an examining source, representative Conn had an 8:1 favorable/unfavorable rate (20 favorable out of 25 cases where either Guberman or Herr was used). Unlike Judge Daugherty, Judge Andrus appears more likely to cite other evidence in his decisions (as opposed to only citing the ES opinion and adopting it in its entirety).² Additionally, Judge Andrus did, on occasion reject the opinions of an examining source when it was inconsistent with other evidence.³ The reports from Dr. Guberman do appear to be thorough, in-person examinations. Most of his opinions, however, consistently use very strong language when making conclusions regarding limitations. Several reports include very similar language indicating that the claimant has "severe limitations in ability to perform work-related activities," and a final statement indicating that the claimant is "permanently and totally disabled for all types of employment."⁴

² See [REDACTED];

³ See [REDACTED]

(of particular note in this case – Dr. Herr conducted a phone interview with the claimant in order to complete his report)

⁴ See [REDACTED] (Judge Andrus does note in this decision that Guberman's opinion as to total and permanent disability is an issue reserved to commissioner; he adopts the opinion in full, however).

B. ALJ WILLIAM H. GITLOW (1403)

ALJ Gitlow issued final actions in 129 of the cases studied:

- Dismissals: 44
- Favorable: 76
- Unfavorable: 9
- **Judge Gitlow' allowance rate (excluding dismissals): 89%** (compared with a 78% allowance rate for all cases decided by Judge Gitlow during this time period (372 decisions))

We reviewed a random sample of 90 of the 129 cases. This included all cases with dispositions issued from February 1, 2011 through May 26, 2011. Of this sample set, there were 46 favorable reversals and 7 unfavorable affirmations.

- Of the 46 favorable cases:
 - Guberman appeared 5 times
 - Herr appeared 20 times
 - Carbary appeared 7 times
 - Ammisetty appeared 4 times
 - Pack appeared 2 times

FURTHER ANALYSIS OF THE MEDICAL OPINIONS USED IN ALJ GITLOW DISPOSITIONS

D. Herr, DO

Although Dr. Herr's opinion appears in 20 fully favorable cases before ALJ Gitlow, the allowance was based on Dr. Herr's consultative examination only 8 times. In one case [REDACTED] SSN [REDACTED], the ALJ found that "Dr. Herr's overall assessment is quite excessive in light of minimal documented findings" while finding the claimant disabled under other medical opinion and treatment records (Decision/5). In another fully favorable case [REDACTED] the ALJ found that because Dr. Herr altered his opinion from a previous evaluation to find more physical limitations, that Dr. Herr's opinion was "totally without support. I reject Dr. Herr's [later] opinion" (Decision/7). In one instance [REDACTED] SSN [REDACTED] Dr. Herr's opinion was not even addressed or given any weight in the ALJ decision.

T. Carbary, PhD

Review of Dr. Carbary's examination reports show that Dr. Carbary's opinion was never inconsistent with the MER. Dr. Carbary's psychological reports were evaluated with the proper amount of analysis and never wholly adopted without review. [REDACTED] a case where both Dr. Herr and Dr. Carbary showed up in the MER.)

B. Guberman, MD

Dr. Guberman appears as an examining source 5 times in the 90 Conn-represented cases before ALJ Gitlow. The most distinctive characteristic of Dr. Guberman's examination reports is that he would opine that the claimant "permanently and totally disabled for all types of employment" [REDACTED] SSN [REDACTED] Exhibit E22F/7). Dr. Guberman's opinion was given proper analysis in the ALJ decisions, but the ALJ gave great weight to Dr. Guberman's opinion in two cases [REDACTED] Decision/10 and [REDACTED] SSN [REDACTED] Decision/8). His opinion, however was not addressed in two instances [REDACTED] SSN [REDACTED] and [REDACTED]

[REDACTED] and addressed but not given any weight in one case [REDACTED]

S. Ammisetty, MD

The ALJ evaluated Dr. Ammisetty's examination reports and opinions in every instance. When the doctor's opinion was given more weight than another medical source, the ALJ explained his rationale in the decision [REDACTED] SSN [REDACTED]

P. Pack, MS

Mr. Pack appears only twice, and in one case, he is a consultative examiner requested by DDS [REDACTED] SSN [REDACTED]. In the other case where he is an independent examining source [REDACTED] SSN [REDACTED] the ALJ gave Mr. Pack's opinion great weight with the rest of the decision relying upon claimant's symptoms and allegations. It should also be noted that Mr. Pack is not an acceptable medical source as an MS.

Unfavorable Cases

In the 7 UAFF cases that were reviewed, there was only one instance where there was a medical source opinion provided at the hearing level. This opinion came from a consultative examiner, [REDACTED] MD from the case of [REDACTED] SSN [REDACTED]

SUMMARY OF FINDINGS: ALJ GITLOW

There do not seem to be any deficiencies in the ALJ's analysis and weighing of medical source opinions. There are specific examples where the ALJ rejected or did not address those opinions of recurring medical sources who examined the claimant upon Conn's request.

C. ALJ JAMES S. QUINLIVAN

During this period, ALJ James S. Quinlivan issued final actions in 84 of these cases:

- Dismissals: 7
- Favorable: 77
- Unfavorable: 0
- **Judge Quinlivan's allowance rate (excluding dismissals): 100%** (compared with an 87% allowance rate for all cases *decided by Judge Quinlivan during this time period (321 decisions)*)

We reviewed a random sample of 42 of these dispositions. Of the 42 cases by Judge Quinlivan reviewed: 37 resulted in a favorable decision (88.10%), 4 were withdrawn by the claimant (9.52%), and 1 was dismissed because the claimant failed to appear (2.38%). There were no unfavorable decisions issued.

SUMMARY OF FINDINGS: ALJ QUINLIVAN

Out of 42 cases, Attorney Conn submitted new evidence in 39 cases (92.86%). An examining source opinion was included in 34 cases (80.95%). Expressed differently, of the 39 cases including new evidence, 87.18% included an examining source opinion. Of the 5 cases not including an examining source, 2 contained a treating source opinion. Finally, of the 34 cases including an examining source, 28 concerned a mental impairment (82.35%).

Mr. Conn submitted reports from one or more examining sources at the hearing level:

- 19 by Phil Pack, M.S.
- 7 by Frederic Huffnagle, M.D.
- 5 by Timothy Carbary, Ph.D.
- 3 by David Herr, D.O.
- 3 by Brad Adkins, Ph.D.
- 1 by Srini Ammisetty, M.D.
- 1 by Russell Travis, M.D.
- 1 by Bruce Guberman
- 1 by Eric Johnson, Ph.D.
- 1 by Nadar, Anbu, M.D.

Of the 37 cases not resulting in a dismissal, in 32 cases the ALJ relied on the examining source opinion in finding the claimant disabled (86.49%). In 3 cases, Judge Quinlivan relied solely on an examining source report. However, in 7 additional cases Judge Quinlivan relied solely on 1-3 examining sources (combination of consultative examination(s) and examining source(s) requested by Mr. Conn); and in 3 cases Judge Quinlivan relied solely on one treating source (totaling less than 14 pages for each treating source exhibit) and one examining source. In all 13 cases (35.14%), it can be said that Judge Quinlivan did not rely on substantial evidence. Finally, in 1 case, Mr. Pack was both a consultative examiner and an examining source for Mr. Conn.

Out of 37 favorable decisions, Judge Quinlivan issued 16 step 3 decisions (43.24%). Of the 21 step 5 cases, Judge Quinlivan found that the claimant would be unable to maintain full time work in 13 cases (61.90%). In 5 cases, he found the claimant disabled based solely on non-exertional limitations (23.81%) and in the remaining 3 cases he found the claimant had a less than sedentary residual functional capacity (14.29%). The percentage of step 3 decisions is much higher than we have seen in our national sample (25%).

Of the 42 cases in the sample, a vocational expert was present at 40 hearings; however, the vocational expert only testified at 11 hearings (27.5%). Between step 5 decisions and step 3 decisions, a vocational expert testified at six step 5 decisions (54.55%) and four step 3 decisions (36.36%). A vocational expert also testified at one case that was later dismissed; his testimony was that there would be jobs available.

V. REVIEW OF MEDICAL SOURCES FREQUENTLY USED BY REPRESENTATIVES

In our extensive review, we noted a number of medical sources that provided reports either after examining the claimant one time or without examining the claimant at all. From our original reviews, the conclusions reached in these reports about the claimant's functional capacity were often inconsistent with the other evidence in the record or even with the findings made in their own examination. Since the ALJ's often relied on these assessments in finding the claimant disabled, we did a more thorough review of a sample of these records.

A. DAVID HERR, D.O.

We reviewed 10 cases in which Dr. David Herr served as the independent examiner for claimants' represent by attorney Eric Conn who also had their cases reviewed by Administrative Law Judge David Daugherty. This analysis includes a discussion of overall patterns, evaluates whether Dr. Herr's functional assessments are consistent with his examinations and other medical evidence in the record, evaluates whether the record supports the overall finding of "disabled."

Except for one medical file review, all of the examinations conducted by Dr. David Herr took place in the law offices of Eric Conn, Esq., on either January 6 or 7, 2011. The Administrative Law Judge self-assigned all ten cases to himself on January 7, 2011 and the decisions were either written on February 1 or 2, 2011 (See Appendix 1).

OVERALL STRUCTURE OF THE EVALUATIONS:

- Contain a summary of the claimant's medical records.
- Cite to previous diagnostic studies (MRI's, CT's & X-Rays) but does not include the impression or result.
- Provide the results of the range of motion exam but not the diagram, which is generally provided examiners.
- Rely heavily on the claimant's subjective complaints.
- Except for the medical file review case, Dr. Herr conducts the same physical examination of all claimants.

RESULTS OF THE EXAMINATIONS

All claimants' were provided residual functional capacities that do not allow them to sustain an 8-hour workday on a regular, continuous basis. In one case (Adkins), the claimant alleged the ability to sit four hours, stand/walk four hours and lift/carry ten pounds occasionally and five pounds frequently. However, Dr. Herr determined that the claimant was limited to sitting four hours, standing/walking three hours and occasionally lifting/carrying 15 pounds and five pounds frequently (See Appendix 2).

SUMMARY OF RESIDUAL FUNCTIONAL CAPACITY ASSESSMENTS

SSN	Last Name	First Name	Doctor	Alleged Sit	Alleged Stand/Walk	Alleged Occ. Lift/Carry	Alleged Freq. Lift/Carry	Sit	Stand/Walk	Occ. Lift/Carry	Freq. Lift/Carry
[REDACTED]	[REDACTED]	[REDACTED]	Herr	4	3	10	5	4	3	15	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr	4	4	10	5	4	3	15	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1	0	5	5	3	3	10	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr*	N/A	N/A	N/A	N/A	4	3	25	10
[REDACTED]	[REDACTED]	[REDACTED]	Herr	N/A	N/A	N/A	N/A	5	1	10	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr	4	3	10	6	3	3	10	8
[REDACTED]	[REDACTED]	[REDACTED]	Herr	2	2	10	5	4	3	15	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr	3.5	4	100	20	3	3	10	8
[REDACTED]	[REDACTED]	[REDACTED]	Herr*	N/A	N/A	N/A	N/A	2	5	10	5
[REDACTED]	[REDACTED]	[REDACTED]	Herr	2	4	15	5	4	3	15	5

*Medical Record Review

SUMMARY OF EXAM DATE VS. DATE PULLED BY ALL

SSN	Last Name	First Name	Doctor	Date of Exam	Date Case Pulled by ALL	Date of Decision	Date of Most Recent Medical Record/Exam
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/6/2011	1/7/2011	2/1/2011	10/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/6/2011	1/7/2011	2/1/2011	7/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/6/2011	1/7/2011	2/1/2011	4/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/6/2011	1/7/2011	2/2/2011	9/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/7/2011	1/7/2011	2/2/2011	9/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/7/2011	1/7/2011	2/2/2011	8/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/7/2011	1/7/2011	2/2/2011	10/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/7/2011	1/7/2011	2/1/2011	3/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	1/7/2011*	1/7/2011	2/2/2011	8/2010
[REDACTED]	[REDACTED]	[REDACTED]	Herr	2/2/2011*	1/7/2011	2/9/2011	9/2010

*Medical Record Review

USE OF BOILERPLATE LANGUAGE OR FINDINGS IN HIS EXAMINATIONS

Dr. Herr uses the same language to describe the purpose of the evaluation and, with some small variances, how the impairment(s) affect the claimant's life.

For example:

[Emotional effects cause moodiness and irritability, concern about the loss of ability to engage in recreational activities and impairments on sexual desire, interest and ability, concerned about ability to earn income, poor sleep resulting in daytime fatigue and worries that the pain will last forever. Further, the pain has caused stress at home and in relationships.]

Additionally, the concluding medical source statement for each claimant is the same:

[The claimant's impairments are expected to be permanent. Treatment rendered to the claimant will be palliative in nature, with a goal of supporting the claimant's ability to independently conduct his personal affairs and manage his activities of daily living. In my opinion, it can be stated within a reasonable degree of medical certainty that the claimant will not regain capacities with treatment that would support a return to work.]

CONSISTENCY OF FUNCTIONAL ASSESSMENTS WITH OTHER MEDICAL EVIDENCE

As mentioned above, in describing medical history of the claimant Dr. Herr summarizes the medical evidence in the record, so he does not find additional impairments. Rather he uses the claimant's medical history, their subjective complaints and his physical examination to determine them to have greater limitations than may have been expressed by either a treating source or a State Agency medical consultant just four to six months prior.

Herr found that one claimant was capable of performing sedentary work but was limited to standing/walking for 3 hours per day and sitting for 3 hour per day. However, there is a lack of objective medical evidence in the exam conducted by Dr. Herr and no treating source has provided a functional assessment. In fact, in January 2010, Disability Determination Services indicated that the claimant is capable of performing a reduced range of light work. In his examination, Dr. Herr notes decreased range of motion was observed in the spine but no test results are provided. Tenderness of the paraspinal muscles, stiffness in thoracic spin, tenderness and rigid and some atrophy were noted to the left leg but with the leg raise test was negative. Dr. Herr also added that the claimant is unable to sustain work because of stiffness and pain in the hands and lower back. However, the claimant alleges that the ability occasionally lift/carry 100 pounds and 20 pounds frequently. Dr. Herr also found that the claimant had full range of motion in the hands, 5/5 grip strength bilaterally, negative straight leg raises sitting and supine, and normal grasp, manipulation, pinch and fine coordination.

Herr determined the claimant to be limited to lifting/carrying 5-10 pounds occasionally, 5 pounds frequently, and could stand/walk between 1-2 hours and sit between 4-5 hours in an 8-hour workday. However, in a 2008 consultative

examination performed by Dr. W.R. Stauffer DDS showed the claimant limited to performing a reduced range of light work, while a July 2010 examination performed by Dr. Jules Barefoot did not reveal any physical limitations. Additionally, the psychological evaluations cited by Dr. Herr limit the claimant to performing simple, unskilled work. I also note that the decision does not evaluate the claimant's mental limitations. Furthermore, Dr. Herr's specialty is orthopedics not psychology.

- [REDACTED] records from April 2010 show the claimant to have disc degeneration and desiccation without focal disc abnormality--no spinal stenosis or neural foraminal narrowing. Minimal annular disc bulges noted at C2-C6, limited degenerative changes at L5-S1-not radicular, minimal degenerative changes bilaterally knees. In reviewing the claimant's medical file, Dr. Herr limited the claimant to carrying/lifting 25 pounds and limited him to sitting four hours and standing/walking for 3 hours. The claimant was also limited to occasional reaching, handling and feeling. However, in a September 2010, consultative examination the claimant was noted as being able to ambulate without a handheld device, to have a normal gait and was sitting comfortably. The exam also revealed intact 5/5 bilateral grip, the ability write with the dominant hand (right), fine and coarse motor skills were intact and the claimant was able to pick up coins. Prolonged sitting was never mentioned as a problem.

- [REDACTED] January 2010, Disability Determination Services opined that a claimant with degenerative disc and joint disease, as well as diabetes was limited to lifting 30 pounds but that bending, stooping, kneeling, squatting and crawling would be very difficult. However, Dr. Herr's report allows for frequent balancing, stooping, crouching and kneeling.

B. SRINI AMMISSETTY, M.D.

Upon review of 12 cases where Dr. Ammisetty supplied medical evidence, Dr. Ammisetty conducted 11 of them between January 3, 2011 and January 8, 2011 and one on January 21, 2011. Judge Daugherty issued a decision on all 12 cases on either February 1, 2011 or February 2, 2011. Judge Daugherty relied on Dr. Ammisetty's reports exclusively in the each of these decisions. Judge Daugherty never cited any other evidence and only included the following language, which is always in a different font than the rest of the opinion: "Having considered all of the evidence, I am satisfied that the information provided by Dr. Ammisetty most accurately reflects the claimant's impairments and limitations. Therefore, the claimant is limited to less than sedentary work at best."

Dr. Ammisetty's reports often exhibited the use of copy and paste techniques from other examining sources. Dr. Ammisetty copied portions of independent consultative examination reports that the Social Security Administration requested. Dr. Ammisetty never attributed the original source from which she copied, which gives the impression that the copied and pasted portions in her reports are original notes from Dr. Ammisetty. The independent consultative examination reports, from which Dr. Ammisetty copied, always found the claimant as less restricted than Dr. Ammisetty ultimately concluded. In other words, Dr. Ammisetty took the information from independent consultative examiners, but found the claimant less capable than the results of the independent examination report. The evident use of copy and paste suggests Dr. Ammisetty either performed an incomplete physical examination of the claimant or did not conduct a physical examination of the claimant at all. The other medical evidence of record in these cases, if any, did support finding a medically determinable physical impairment, but did not support the degree of limitation Dr. Ammisetty found. Since Judge Daugherty solely relied on Dr. Ammisetty's reports when finding the claimant disabled, substantial evidence does not support these decisions.

SUMMARY OF RESIDUAL FUNCTIONAL CAPACITY ASSESSMENTS

SSN	Last Name	First Name	Doctor	Alleged Sit	Alleged Stand/Walk	Alleged Occ. Lift/Carry	Alleged Freq. Lift/Carry	Sit	Stand/Walk	Occ. Lift/Carry	Freq. Lift/Carry
			Ammisetty	N/A	N/A	N/A	N/A	4	2	10	5
			Ammisetty	N/A	N/A	N/A	N/A	3	3	10	8
			Ammisetty	N/A	N/A	N/A	N/A	4	3	8	5
			Ammisetty	N/A	N/A	N/A	N/A	4	2	10	5
			Ammisetty	N/A	N/A	N/A	N/A	3	3	10	8
			Ammisetty	N/A	N/A	N/A	N/A	5	1	10	5
			Ammisetty	N/A	N/A	N/A	N/A	4	3	15	5
			Ammisetty	N/A	N/A	N/A	N/A	3	3	10	5
			Ammisetty	N/A	N/A	N/A	N/A	4	3	15	5
			Ammisetty	N/A	N/A	10	10	4	2	10	5

SUMMARY OF EXAM DATE VS. DATE PULLED BY ALJ

SSN	Last Name	First Name	Doctor	Date of Exam	Date Case Pulled by ALJ	Date of Decision	Date of Most Recent Medical Record/Exam
			Ammisetty	1/3/2011	1/7/2011	2/1/2011	9/2010
			Ammisetty	1/3/2011	1/7/2011	2/1/2011	3/2010
			Ammisetty	1/4/2011	1/7/2011	2/1/2011	9/2010
			Ammisetty	1/4/2011	1/7/2011	2/2/2011	8/2010
			Ammisetty	1/4/2011	1/7/2011	2/2/2011	8/2010
			Ammisetty	1/6/2011	1/7/2011	2/1/2011	9/2010
			Ammisetty	1/6/2011	1/7/2011	2/1/2011	8/2010
			Ammisetty	1/6/2011	1/7/2011	2/2/2011	8/2010
			Ammisetty	1/6/2011	1/7/2011	2/2/2011	4/2010
			Ammisetty	1/8/2011	1/7/2011	2/1/2011	7/2010

This section provides five examples of the use of copy and paste from consultative examination reports on behalf of three claimants. Dr. Ammisetty frequently lifted entire passages verbatim from consultative examiner reports, but sometimes tried to mask the use of copy and paste by changing the first few words of each copied sentence. Sometimes Dr. Ammisetty copied and pasted passages, but changed the numerical results of the consultative examiner's physical examinations to show a more restrictive physical examination. On at least one occasion, Dr. Ammisetty copied from multiple independent consultative examination reports, which produced internally inconsistent notes, such as reporting in one sentence no previous surgery, then reporting in another sentence a recent surgery. The examples show a side-by-side comparison of the reports, illustrating Dr. Ammisetty's evident use of copy and paste.

Dr. Ammisetty's Report

Example 1 - Claimant A

Illustrates the use of copy and paste with some editing.

State Agency's Consultative Examiner

TELEPHONE DETERMINATION REPORT

DEPARTMENT FOR DISABILITY DETERMINATION
P.O. BOX 1000
FRANKFORT, KENTUCKY 40601

CLAIMANT:
CASE #:

DISABILITY EXAMINER:

CONSULTANT:

INQUIRY, KY 40205

DATE OF EXAMINATION:

OLIVE HILL, KENTUCKY

DATE OF BIRTH:

CLAIMANT'S AGE:

CONSULTATIVE EXAMINATION

REFERENCE:

is a 30-year-old, single Caucasian man who is applying for Disability benefits for the second time. His father accompanied him to the appointment and they traveled in a truck. The claimant had a valid Kentucky driver's license (expires [redacted] that he presented for personal identification.

CHIEF COMPLAINT: "Head injury."

REPORTED ALLEGATIONS: Head injury, memory loss, trouble concentrating, headache, trouble dealing with people, nervousness, anxiety, and depression.

Sr/Dr. Ammisetty, MD

Patient:

Date of Birth:

This is a medical file for the above-named patient [redacted] is a

30-year-old, single Caucasian man who is applying for Disability benefits for the second time. The patient reports problems with head injury, memory loss, trouble concentrating, headache, trouble dealing with people, nervousness, anxiety, and depression. The patient was never placed in foster care or group home and, he reported emotional and verbal abuse

[redacted] is a 30-year-old, single Caucasian man who is applying for Disability benefits for the second time.

REPORTED ALLEGATIONS: Head injury, memory loss, trouble concentrating, headache, trouble dealing with people, nervousness, anxiety, and depression.

Dr. Ammisetty's Report

neatness, anxiety, and depression. The patient was never placed in foster care or group home and, he reported emotional and verbal abuse inflicted by his stepfather during his childhood. The patient reported that he was an average student who did not repeat any grade and was not placed in any remedial-type classes. The patient reported that he was not involved in any extracurricular activities while in school. The patient lives in a house that is owned by his mother. The patient was last employed by a tree service where he worked for two years. The patient reported that he left that job in April 2007. His longest employment was at Webb's Erection where he worked for four years. He has not served in the military service. The patient reported that in April 2007 that he was an unrestrained when he fell asleep while driving to work. He was thrown out of the vehicle and the car landed on top of the patient. The patient reported that he was in a coma for 20 days and on life support for 13 days. The patient was then to [redacted] where he stayed for 17 days. The patient reports he is unable to remember the accident. The patient reported that he could not

The man was never placed in foster care or group home and he reported emotional and verbal abuse inflicted by his stepfather during his childhood. Described himself as an average student who did not repeat any grade and was not placed in any remedial classes. He was not involved in any extracurricular activities while in school. He lives in a house that is owned by his mother, alone. Occupationally, the young man was last employed by [redacted] where he worked for two years. He left that job in April 2007. His longest employment was at [redacted] where he worked for four years. He has not served any military service. In April 2007, he was an unrestrained driver when he fell asleep in the morning while driving to work. He was thrown out of the vehicle and the car landed on him. He was in a coma for 20 days and on life support for 13 days. Following discharge from the hospital, he was taken to [redacted] where he stayed for 17 days.

Example 2 - Claimant A
Illustrates the extensive use of copy and paste with minimal editing

State Agency's
Consultative Examiner

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children, having a brother. The man was never placed in foster care or group home and he reported emotional and verbal abuse inflicted by his stepfather during his childhood.

[redacted] graduated from [redacted] in 1997. [redacted] reported any grade and was not placed in any remedial classes. He was not involved in any extracurricular activities while in school.

[redacted] lives in a house that is owned by his mother, alone. Occupationally, the young man was last employed by [redacted] where he worked for two years. He [redacted] in April 2007. His longest employment was at [redacted] where he worked for four years. He has not [redacted] military service.

MEDICAL HISTORY: In April 2007, he was an unrestrained driver when he fell asleep in the morning while driving to work. He was thrown out of the vehicle and the car landed on him. He was in a coma for 20 days and on life support for 13 days. Following discharge from the hospital, he was taken to [redacted] where he stayed for 17 days. The patient reports he is unable to remember the accident. The patient reported that he could not

Dr. Ammisetty's Report

Example 3 - Claimant A

Illustrates the use of copy and paste from two different CE exams, creating internal inconsistencies because the claimant had knee surgery between the two CE exams.

physician is [REDACTED] M.D. at [REDACTED] in [REDACTED] Kentucky. The patient reports that he has no medical insurance. The patient has not any surgeries but needs one presently on his right knee. The patient is presently not taking any medications. The patient denied

Then Later Notes:

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thought for any length of time. The patient had arthroscopy of the knee on June 2010. The patient reports that he has a history of having severe

State Agency's Consultative Examiners

SURGICAL HISTORY: He has had no surgeries, but needs surgery on his right knee.

MEDICATIONS: None.

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and in fact he had one seizure while he was driving. The claimant seems to have difficulty with his memory. He gets distracted very easily and can not seem to hold a thought for any length of time, so the history's sketchy and difficult. He does not know if he has had any diagnostic workup for his seizures.

The claimant also complains of pain in the right knee which was also injured in the motor vehicle accident in 2006. He had arthroscopy of the knee on June 2010.

Example 4 - Claimant B
Illustrates the extensive use of copy and paste on a report submitted for another claimant, which suggests more than isolated instances of copy and paste.

Dr. Ammisetty's Report

SIRINI M. AMMISSETTY, MD, FCCP, ABRSM.

Diplomate of American Board of Sleep Medicine
Diplomate of American Board of Pulmonary Medicine
Diplomate of American Board of Addiction Medicine
Fellow American College of Chest Physicians

State Agency's Consultative Examiner

NAME: [REDACTED]
DOS: 01/04/2011
Page 3

PP:

general, the claimant ambulates with right knee brace with out hand cane use. Patient is uncomfortable in supine position. No HEENT. Pupils are equal, round, and reactive to light. Extra-Non-cereus.

NECK: Supple. No JVP. No thyromegaly.

CHEST: Decreased breath sounds. Scattered wheezing. movements.

CVS: S1 distant. No murmur. No shifting of the cardiac border.

ABDOMEN: Benign. Bowel sounds positive. No sinus history.

EXTREMITIES: No cyanosis. No clubbing. No edema.

MUSCULOSKELETAL: Examination of the right hand reveals tenderness between the second and third MCP joints. Both hands also have tenderness of the third DIP joints. There is no swelling, erythema, or increased warmth, but hands have Heberden's nodes to the second, third, and fifth DIP joints and when claimant attempts to make a closed fist with each hand there is a decreased flexion of the thumb and finger joints. When the claimant attempts to extend the right hand there is extension lag of the second DIP joint at -5 degrees and the third DIP joint at -20 degrees. When the claimant attempts to extend the left hand there is extension lag of the left third DIP joint at -20 degrees and left fifth DIP joint at -5 degrees. The claimant is able to freely oppose the right thumb. The claimant has mild difficulty opposing the left thumb. It just reaches the tip of the fifth finger. Lower Extremity: The right knee has tenderness over the medial and lateral

HANDS: Examination of the right hand reveals tenderness between the second and third MCP joints. Both hands also have tenderness of the third DIP joints. There is no swelling, erythema or increased warmth over the hands, but both hands have Heberden nodes over the second, third and fifth DIP joints. When the claimant attempts to make a closed fist with each hand, there is decreased flexion of thumb and finger joints as noted on range of motion sheet. When the claimant attempts to extend the right hand, there is an extension lag of the second DIP joint at -5 degrees and the third DIP joint at -20 degrees. When the claimant attempts to extend the left hand, there is extension lag of the left third DIP joint at -20 degrees and the left fifth DIP joint at -5 degrees. The claimant is able to fully oppose the right thumb; the claimant has mild difficulty opposing the left thumb which just reaches the tip of the fifth finger. Grip strength by dynamometer measurement was not measured because the dynamometer device was broken. Grip strength on manual motor testing appeared mildly weak at 4+/5 bilaterally. The claimant is able to write with the dominant right hand. Despite osteoarthritic changes of the hands, the claimant is still able to pick up a coin with each hand without problem.

Example 5 - Claimant C

Illustrates more extensive use of copy and paste on another report submitted for a third claimant, but changes the numerical findings in favor of a greater degree of limitation. The two excerpts are nearly identical, but the highlighted portions shows the changed numerical findings.

State Agency's Consultative Examiner

I was unable to assess spine curvature due to obesity. The patient had some difficulty forward bending at the waist to 65 degrees as well as difficulty standing on either leg. Extension of the spine is diminished to 10 degrees. Lateral flexion of the spine is diminished to 25 degrees on the left and 20 degrees on the right. On examination of the spine, straight leg raising is diminished to 60 degrees on the left and 70 degrees on the right. There is no leg length discrepancy. Range of motion of the hips with the knees flexed is slightly diminished to 90 degrees bilaterally. On neurological evaluation of the lower extremities, there is no evidence of muscle weakness. The left calf is 1/4 inch smaller (18 inches) than the right calf. All sensory modalities are well-preserved including light touch and pinprick.

Dr. Ammisetty's Report

MUSCULOSKELETAL: Pt. has some difficult forward bending at the waist to 65 degrees as well as difficulty standing on either leg. Extension of the spine is diminished for 10 degrees. Lateral flexion of the spine is diminished to 20 degrees on the left and 20 degrees on the right. On examination of spine/straight leg raising diminished to 50 on the left and 60 on the right. There is no leg length discrepancy. Range of motion of the hips with knee flexed is slightly diminished to 90 degrees bilaterally. On neurological evaluation of the lower extremity, there is no evidence of muscle weakness. The sensory is slightly decreased including light touch and pinprick. Palpation is normal of the

C. PHIL PACK, M.S.

We sampled 30 cases in which the medical records included reports from Mr. Pack. In two cases, Mr. Pack conducted a consultative evaluation at the request of SSA. In most cases, he provided a report at the request of the claimant's representative; but in six cases, he submitted reports at the request of both SSA and the claimant's representative. Observations based on our review of these 30 cases follow:

USE OF BOILERPLATE LANGUAGE OR FINDINGS IN HIS EXAMINATIONS

Mr. Pack did not use boilerplate language in his reports; however, he did issue boilerplate findings. Out of 28 cases in which Mr. Pack was an examining source, he found the claimant had poor ability (markedly limited) in demonstrating reliability 28 times (100%). This finding was made many times without supporting rationale and sometimes in conflict with both the claimant's reported daily activities and routines and the other medical evidence of record. Similarly, in 16 cases, Mr. Pack found that the claimant had poor ability in dealing with the public (57.14%). In 25 cases he found the claimant had poor ability to deal with work stress and to relate predictably in social situations (89.29%). In addition, Mr. Pack opined that the claimant's ability to relate and communicate with others, including co-workers and supervisors, was poor in 13 cases (46.43%). He found the claimant's ability to adapt regarding mental and psychological capabilities was poor in 23 cases (82.14%). While these findings could be expected some of the time, the rate at which they were found, especially in relation to the examination by Mr. Pack and other medical evidence, were both inconsistent and atypical.

INCONSISTENCIES BETWEEN MR. PACK'S CONSULTATIVE EXAMINATIONS FOR DISABILITY DETERMINATION SERVICES AND HIS REPORTS FOR ERIC CONN, ESQ.

As noted, Mr. Pack conducted consultative evaluations for DDS in two cases and appeared as both a consultative examiner and an examining source for Mr. Conn in 6 cases. As a consultative examiner, Mr. Pack's findings were more conservative than when he was an examining source for Mr. Conn. Mr. Pack's consultative examinations, in fact, were the only reports that supported the DDS finding of "not disabled." Three cases in which Mr. Pack was both consultative examiner and examining source for Mr. Conn are of particular interest.

- [REDACTED] In his consultative examination conducted for DDS, Mr. Pack noted that both his observations and a Rey test suggested that the claimant gave less than optimal effort and that the results should be reviewed cautiously. He noted that the claimant endorses almost any type of complaint that was discussed, did not seem to exhibit acute anxiety, his general mood was incongruent when describing his complaints, and his demeanor was different during formal testing versus the interview. The claimant stated that he had never been able to read (contrary to other evidence of record) and achieved a Verbal Comprehension score of 68. However, when Mr. Pack evaluated the claimant at the request of Mr. Conn, he found the claimant credible and failed to note the prior inconsistencies or observations made in his earlier evaluation. Significantly, the claimant tested 18 points higher in Verbal Comprehension (86). The ALJ relied on both Mr. Pack's consultative examination and his examining source report for Mr. Conn, but did not discuss or resolve the inconsistencies between the two reports.

- [REDACTED] Dr. Gitlow, noted in response to interrogatories that Mr. Pack's 2009 conclusions as an examining source for Mr. Conn differed considerably from his 2008 conclusions as a consultative examiner. "Mr. Pack's 2009 analysis does not reflect his 2008 knowledge regarding the claimant's substance use history. In 2009, he apparently accepts the claimant's denial of such history as true while in 2008 he had prior records at his disposal with which to refute the claimant's lack of forthcoming discussion." Dr. Gitlow's opinion concerning the claimant's mental ability to perform job activities was far more conservative. The ALJ did not rely on Mr. Pack's 2009 report and found the claimant not disabled. The case was remanded by the Appeals Council.
- [REDACTED] The ALJ issued an unfavorable decision that noted inconsistencies between Mr. Pack's examination as a consultative examiner and his report as an examining source for Mr. Conn. In his consultative examination report, Mr. Pack noted a lengthy history of substance abuse, found that the claimant made a very dramatic and unusual childlike presentation, that although testing suggested mental retardation it was not noted in past treatment records, and that the results on the Rey test suggested less than optimal effort was given. As a consultative examiner, Mr. Pack questioned the results of the test. However, in his report as an examining source for representative Conn, no concerns regarding the claimant's credibility were noted. For instance, in the report prepared for Mr. Conn, there was no mention of the previously described history of substance abuse. Similarly, in his report prepared for Mr. Conn, Mr. Pack reported that the claimant's mental ability to perform job activities was poor in several areas, an opinion not expressed in his report as a consultative examiner.

CONSISTENCY OF MR. PACK'S EXAMINATIONS CONDUCTED FOR MR. CONN WITH OTHER MEDICAL EVIDENCE OF RECORD

Mr. Pack's findings regarding the claimant's mental ability to perform job-related activities were typically inconsistent and more limiting than those found in the other medical evidence of record. Mr. Pack reported an average global assessment of functioning (GAF) score of 52.5 in 18 cases. On rare occasion, his mental examination noted less limitation than other evidence; but his medical opinion of functional ability consistently described greater limitation than that offered in the other evidence.

INTERNAL CONSISTENCY OF MR. PACK'S EXAMINATIONS FOR MR. CONN

Mr. Pack evaluated some claimants with significant mental impairments, and in those cases, his findings were consistent. However, in many examinations the results were more inconsistent. In particular, Mr. Pack seemed to favor the claimant's subjective statements regarding the history of their condition even in the face of favorable results on their more objective mental status examination and past knowledge as a consultative examiner. Moreover, Mr. Pack found all of the claimants in our sample had poor ability in the area of demonstrating reliability, dealing with work stress and relating predictably in social situations. These findings frequently had no direct link to his examination and were inconsistent with some of the claimants' stated work history or routines.

ORIGINALITY OF MR. PACK'S EXAMINATION RESULTS

Unlike the results found in Dr. Amnisetty's reports, Mr. Pack did not copy and paste the language used by other sources. His examinations appear to be original; however, the findings from those examinations are questionable. Mr. Pack's reports as an examining source for Mr. Conn always supported a finding of disability.

ADMINISTRATIVE LAW JUDGES' RELIANCE ON MR. PACK'S FINDINGS

In many cases, there was very little evidence other than Mr. Pack's reports. The claimants had typically not received treatment for their mental impairments and in a few cases did not allege a mental impairment until the hearing level. As a result, the finding of a severe medically determinable impairment would not be supported, as Mr. Pack's single examination is insufficient to establish both severity and duration for the alleged period of disability. Even in cases where a treating source and/or consultative examination were present in the medical record, the decisions typically erred in not discussing evidence contrary to Mr. Pack's findings.

Of the 28 cases in which Mr. Pack was an examining source for Mr. Conn, the ALJs relied on Mr. Pack's examining report in 24 cases (85.71%). In the four remaining cases, the ALJ issued an unfavorable decision in three cases (12.71%) and dismissed one (3.57%). The only cases in which the inconsistencies in Mr. Pack's report were noted were when Mr. Pack performed the role of both consultative examiner and examining source for Mr. Conn.

VI. REVIEW OF CASES INVOLVING WILLIAM ARNETT AS THE REPRESENTATIVE

We reviewed a random sample of 38 favorable decisions issued by 5 different ALJs (Andrus, Gitlow, Daugherty, Quinlivan, and Chwalibog). Our findings are as follows:

- Hearings were held in every case
- Representative Arnett submitted additional MER in every case
 - 37 of the 38 were decided at step 5, only 1 was decided at step 3
- Residual Functional Capacity
 - Less than a full range of medium – 1
 - Full range of light – 1
 - Less than a full range of light – 13
 - Full range of sedentary – 1
 - Less than a full range of sedentary – 17
 - Non-exertional – 3
 - Cannot sustain regular and continuous work – 1
- Representative Arnett submitted opinion evidence at the hearing level in 35 of the 37 cases
 - In the two cases that Rep. Arnett did not submit opinion evidence at the hearing level the claimant was paid by Judge Andrus for 1) GERD with urinary/fecal incontinence, but with no supporting medical opinions, and 2) RFC based on the claimant's "credible" complaints, with no supporting medical opinions

- Types of medical sources
 - Treating Source Opinions = 14
 - 4 from Ira Potter, M.D.
 - 1 from James Frederick, M.D.
 - 9 from other physicians who only appeared once as a TS
 - Examining Source Opinions = 26
 - 9 from Mr. Phil Pack
 - 4 from Bruce A. Guberman, M.D.
 - 2 from Jerry Brackett
 - 11 from others who only appear once as an ES
 - 1 of the examining sources was obtained by the ALJ
 - Non-examining source opinions = 9
 - 3 from Scott Arnett, M.D.
 - 2 from Ira Potter, M.D.
 - 1 from James Frederick, M.D. (ALJ 2024 did not use his opinion)
 - Note: There were 3 appearances from sources who only appeared once as a non-ES throughout the 38 cases, one of which was obtained by the ALJ
- The allowance was based on the medical source opinion submitted by Rep. Arnett in 27 cases.
 - 8 decisions did not address any other evidence
 - Note: In a majority of cases (at least over 50% of the time) where the decision addressed other evidence, the decision usually just cited a medical examination report or lab report without any detailed evaluation of the evidence.

VII. REVIEW OF WITHDRAWAL DISMISSALS

In reviewing our sample of cases, we noted a high number of requests for hearing that were dismissed based on a withdrawal request. Upon further review, we found that a high percentage were issued by two ALJ's, Andrus and Gitlow, and that many of them were issued after the hearing was held. We previously submitted a report of our findings of this study. A summary of that review follows.

We were unable to identify any specific motivation for this representative's multiple requests for withdrawal, other than the opportunity a withdrawal provides to further develop the record and to potentially reopen a prior determination rather than decision. In total, 115 hearings were held that resulted in a dismissal. At approximately \$1500 per hearing, this totals to an Agency cost of \$172,500 for the 137 cases sampled alone. Vocational experts were present for 112 of the 115 hearings and were questioned in 73 of them. Of the 115 hearings held, 48 of them lasted less than 10 minutes.

We sampled cases involving the Conn firm at the Huntington, West Virginia office for which a withdrawal request was submitted and resulted in a dismissal order dated between July 2007 and June 2011. Administrative Law Judges Andrus and Gitlow had the highest number of dismissals with the Conn firm, and thus we sampled 137 withdrawal cases that began before Judges Andrus or Gitlow. Of the 137 cases sampled, 122 (89%) of them contained subsequent applications, and as of mid-July 2011, 32 (23% of the total withdrawals) of them resulted in favorable determinations or decisions. Of the 32 favorable determinations/decisions, only 6 (4% of the total withdrawals) reopened the prior determinations. On

average, these six claimants received 423 days of benefits which invaded the prior adjudicated period (actual values = 534 days, 653 days, 461 days, 272 days, 214 days, and 404 days), and all were concurrent ("SSDC" claims). It took an average of 180 days for each of the subsequent applications to clear DDS (app date to RC det date). For subsequent applications that received favorable hearing decisions, it took an average of 367 days from reconsideration to obtain a hearing decision.

We noted that the judges often held more than one "dismissal" hearing per day (up to as many as 5 in one day). From July 2007 through early 2010, the claimants were generally not present at the hearings, which generally lasted anywhere from 1 to 7 minutes. Later, the claimants were typically present for the hearings, which lasted approximately 15 to 30 minutes. Initially, representative Conn or his associates would submit a withdrawal request at the hearing, having obtained his client's prior approval. Later dismissal cases showed that representative Conn would request an extension of time to complete the record at the conclusion of the testimony and would submit a withdrawal request at some point after the hearing. For a period of time in mid-2008, representative Conn would submit the withdrawal request immediately following the first hypothetical posed by the Administrative Law Judge, prior to the vocational expert's response.

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 10-07-08

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: 22 SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding her treatment. She was informed that the standard rules of confidentiality apply to her evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient, [REDACTED] is a [REDACTED]-year-old single, white female. She reported that she has a hernia. She currently takes Cymbalta, Lamictal, Carafate, Nexium, Xanax, Topomax, and Zantac as prescribed by her physician(s).

██████████
Page 2

She has received mental health treatment in the past. She saw ██████████ of ██████████ Kentucky for about two to three months about seven years ago. She has been seeing ██████████ of Lexington, Kentucky for the last seven years. She has been diagnosed with bipolar and anxiety.

She does have a history of suicidal attempts. She has attempted suicide several times by cutting herself. Her last attempt was about two years ago. She has several scars on both arms but they are not from suicide attempts. She said that they helped her release anxiety. In her family of origin, there is not a history of substance abuse problems or mental health problems. She said that she does not currently have any suicidal or homicidal ideation.

She has had problems with depression since the age of thirteen. She cries frequently for no apparent reason. She sleeps poorly at night and tires easily during the day. Her appetite fluctuates. She has a loss of interest in activities that were once pleasurable for her. She said that she feels worthless.

She has problems with anxiety. Her family and friends have told her that she is more irritable than she used to be. She worries about her health, finances, etc. She is having problems with attention and concentration. She has attempted to stop worrying but has been unsuccessful in those attempts.

She has panic attacks daily since about the age of fourteen. The panic attacks are worse when she has to be in public.

She does not endorse any symptoms of bipolar disorder.

In regard to activities of daily living:

- 1) She is able to perform outside chores.
- 2) She is able to perform inside chores.
- 3) She has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) She has no problems when dressing.
- 5) She does have a driver's license.

[REDACTED]
Page 3

She was raised by her biological parents. She has a good relationship with her mother. She has a good father-daughter relationship but they argue a lot. She has a good relationship with her siblings. Corporal punishment was used as disciplinary measures in the home when she was growing up. She had no known problems with teaching developmental milestones.

She was [REDACTED] during her four years of high school due to anxiety and depression problems. [REDACTED]
[REDACTED] She did have behavioral problems in school as she fought often.

She has worked as a dietary aide and data entry. She has worked less than one year altogether. She was never terminated from any of her jobs. She was never reprimanded on any of her jobs.

She has never been married. She has no children.

She does not have a history of substance abuse.

She does not have a history of arrests.

[REDACTED]
Her [REDACTED] teacher was mentally abusive.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. Her appearance and dress were appropriate for the testing situation. She appeared to be of average height and average weight. She was alert and oriented to person, place, and time. Her affect was congruent with her stated level of anxiety. Her immediate, recent, and remote memories were intact. Rapport was established easily. She was friendly and polite. She gave information freely. Eye contact was good. She was cooperative with testing and followed directions well.

Page 4

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of her current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	10 - Average
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	9 - Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	7 - Below Average
Digit Span:	Immediate auditory memory requires concentration and attention.	8 - Average
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	8 - Average



Comprehension: Practical knowledge and judgment in social situation; requires common sense. 8 Average

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 9 - Average

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 9 - Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 10 - Average

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 7 - Below Average

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 8 - Average

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	Score	Percentile	Confidence Interval
Verbal IQ Score:	93	32	88 - 98
Performance IQ Score:	89	23	83 - 96
Full Scale IQ Score:	91	27	87 - 95

INTERPRETATIONS:

On the WAIS-III, she obtained a Full Scale IQ score of 91, (27th percentile), which places her in the Average range of intellectual functioning overall, however her true IQ score could range from as low as 87 to 95. She obtained a Verbal IQ score of 93, (32nd percentile), which places her in the Average range of verbal intellectual functioning, however her true IQ score could range from as low as 88 to 98. She obtained a Performance IQ score of 89, (23rd percentile), which places her in the Low Average range of non-verbal intellectual functioning, however her true IQ score could range from as low as 83 to 96. There is not a significant difference between her Verbal and Performance IQ scores, which indicates that she performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

SUMMARY:

The patient, [REDACTED] is a [REDACTED]-year old single, white female. She reported that she has a hernia. She currently takes Cymbalta, Lamictal, Carafate, Nexium, Xanax, Topomax, and Zantac as prescribed by her physician(s). She has received mental health treatment in the past. She saw [REDACTED] of [REDACTED] for about two to three months about seven years ago. She has been seeing [REDACTED] of Lexington, Kentucky for the last seven years. She has been diagnosed with bipolar and anxiety. She does have a history of suicidal attempts. She has attempted suicide several times by cutting herself. Her last attempt was [REDACTED] years ago. She has several scars on both arms but they are not from suicide attempts. She said that they helped her release anxiety. In her family of origin, there is not a history of substance abuse problems or mental health problems. She said that she does

not currently have any suicidal or homicidal ideation. She has had problems with depression since the age of thirteen. She has had problems with depression for about fifteen years. She cries frequently for no apparent reason. She sleeps poorly at night and tires easily during the day. Her appetite fluctuates. She has a loss of interest in activities that were once pleasurable for her. She said that she feels worthless. She has problems with anxiety. Her family and friends have told her that she is more irritable than she used to be. She worries about her health, finances, etc. She is having problems with attention and concentration. She has attempted to stop worrying but has been unsuccessful in those attempts. She has panic attacks daily since about the age of fourteen. The panic attacks are worse when she has to be in public. She does not endorse any symptoms of bipolar disorder.

On the WAIS-III, she obtained a Full Scale IQ score of 91, (27th percentile), which places her in the Average range of intellectual functioning overall, however her true IQ score could range from as low as 87 to 95. She obtained a Verbal IQ score of 93, (32nd percentile), which places her in the Average range of verbal intellectual functioning, however her true IQ score could range from as low as 88 to 98. She obtained a Performance IQ score of 89, (23rd percentile), which places her in the Low Average range of non-verbal intellectual functioning, however her true IQ score could range from as low as 83 to 96.



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DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

AXIS I: Major Depressive Disorder, Single Episode, Severe without
Psychotic Features

Panic Disorder with Agoraphobia


AXIS II: R/O Borderline Personality Disorder

AXIS III: General Medical Condition: hernia

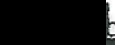
AXIS IV: Psychosocial and Environmental Problems: lack of financial
income

AXIS V: Current GAF: 49

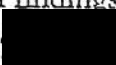
PROGNOSIS:

 prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of her depression and anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

CONCLUSIONS:


This evaluator believes that  could manage funds without assistance or restriction, if they were awarded to her.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding  mental abilities.

[REDACTED]
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- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding her ability to tolerate the stress and pressures associated with day to day work activity.



Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

- Describe the individual's ability to perform the activity according to the following terms.
 - Unlimited** - Ability to function in this area is not limited by a mental impairment.
 - Good** - Ability to function in this area is more than satisfactory.
 - Fair** - Ability to function in this area is limited but satisfactory.
 - Poor** - Ability to function in this area is seriously limited but not precluded.
 - None** - No useful ability to function in this area.
- Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ()

B. J. D. O.
SIGNATURE/TITLE/MEDICAL SPECIALITY

10/7/08
DATE

ERIC C. CONN, P.S.C.

12407 South U.S. 23, P.O. Box 308
Stanville, Kentucky 41659-0308
Telephone: (606) 478-5100 Fax: (606) 478-5109

Eric C. Conn
Attorney at Law

John E. Hunt
Attorney at Law

08/01/07
DATE

Hon D. B. Daugherty
Administrative Law Judge
Office of Hearings and Appeals
301 Ninth Street, 2nd Floor Annex
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:
BRADLEY ADKINS, PHD ON 07/20/07

Respectfully submitted,

4 PAGES TOTAL
SENT BY FAX / EMAIL

ERIC C. CONN
Attorney at Law

CLF019494

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 07-19-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Clinical Interview

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient, [REDACTED], is [REDACTED] year-old white male. He has no physical problems. He does have a slight speech impediment. He currently takes Stratera.

Collateral information for the interview was provided by his mother, [REDACTED]

The mother reports that she had no prenatal problems. There were no birth complications, by her report. She said he was cranky and fussy as a baby. He has a history of several ear infections.

Hyperactivity symptoms began at the age of two. She reports that he climbs, runs constantly, and fidgets. The teacher has told her that he talks frequently in class. He also has relationship problems with his peers. He talks out of turn in class, by the teacher's report. He seems to not be listening during class time. He has problems with task completion. He avoids tasks requiring focus and attention. He is frequently in trouble in school.

His academic problems began in kindergarten. [REDACTED] He has particular problems with reading and spelling.

He has been involved with [REDACTED] since 205. He has been diagnosed with Attention Deficit/Hyperactivity Disorder there.

His parents were divorced when he was four. His father is involved with him and sees him often.

The parents usually used time-outs for discipline.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was very fidgety. He played frequently with objects on the evaluator's desk. He interrupted the conversation frequently. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good.

SUMMARY:

The patient, [REDACTED], is a [REDACTED]-year-old white male. He has no physical problems. He does have a slight speech impediment. He currently takes Stratera. Collateral information for the interview was provided by his mother, [REDACTED]. The mother reports that she had no prenatal problems. There were no birth complications, by her report. She said he was cranky and fussy as a baby. He has a history of several ear infections. Hyperactivity symptoms began at the age of two. She reports that he climbs, runs constantly, and fidgets. The teacher has told her that he talks frequently in class. He also has relationship problems with his peers. He talks out of turn in class, by the teacher's report. He seems to not be listening during class time. He has problems with task completion. He avoids tasks requiring focus and attention. He is frequently in trouble in school. His academic problems began in kindergarten. He failed kindergarten. He has particular problems with reading and spelling. He has been involved with [REDACTED] since 205. He has been diagnosed with Attention Deficit/Hyperactivity Disorder there.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

- AXIS I: Attention Deficit Hyperactivity Disorder, Combined Type
Learning Disorder, Not Otherwise Specified
- AXIS II: No Diagnosis
- AXIS III: General Medical Condition: N/A
- AXIS IV: Psychosocial and Environmental Problems: lack of financial income
- AXIS V: Current GAF: 51

PROGNOSIS:

prognosis for the next year is fair. With treatment that should include behavior modification and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.


CONCLUSIONS:

This evaluator believes that could not manage funds without assistance or restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding mental abilities.

- a. appears to have a less than average ability to understand, retain, and follow instructions.
- b. appears to have at least an average ability to perform simple, repetitive tasks.
- c. appears to have a less than average ability to relate to others, including fellow workers and supervisors.


Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

- Describe the individual's ability to perform the activity according to the following terms.
 - Unlimited** - Ability to function in this area is not limited by a mental impairment.
 - Good** - Ability to function in this area is more than satisfactory.
 - Fair** - Ability to function in this area is limited but satisfactory.
 - Poor** - Ability to function in this area is seriously limited but not precluded.
 - None** - No useful ability to function in this area.
- Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5:

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE
And DATE *Burdett, Ph.D.* 7/20/07

MEDICAL SPECIALITY Psychology

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 07-17-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III)
Personality Assessment Inventory (PAI)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient [REDACTED] is a [REDACTED]-year-old married, white male. He has a history of a motor vehicle accident and work related injury. He has pain in his jaw, neck, and back most of the time. He currently takes no medication.

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level of pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to exercise, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He has been treated at [REDACTED] in [REDACTED], Kentucky sporadically beginning at the age of eight or nine. His last visit was about one year ago. He has a history of anger problems and poor attitude; this is why he began treatment at such a young age.

He does not have a history of suicidal or homicidal ideation. In his family of origin, there is a history of anxiety, and anger in his maternal uncles. He does not currently have any suicidal or homicidal ideation.

He said he is easily frustrated. He is usually anxious and upset. He said he worries about his mother and his wife. He has been involved in several fights. He was [REDACTED] due to learning problems and frequent fighting. He was [REDACTED].

He was raised by his biological parents. He said he has a good relationship with both his mother and his father. His brothers beat him up often. Corporal punishment was used as disciplinary measure in the home while he was growing up. He had no known problems with reaching developmental milestones.

He was [REDACTED] due to frequent fighting. His grades were very poor. He can not read or write, by his report.

He has worked at a [REDACTED] for about a week before being terminated after being injured.

He is married. He has been married for one year. He gets along well with his wife [REDACTED].

He has a history of frequent alcohol intoxication until about one year ago. He stopped drinking because he was diagnosed with liver problems.

He has been arrested three to four times for fighting, resisting arrest, and disturbing the peace.

He does not have a history of abuse either as a victim or as a perpetrator.

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) His wife takes care of the inside chores.
- 3) He experiences pain and difficulty when performing toileting, hygiene maintenance and grooming.
- 4) He experiences pain and difficulty when dressing.
- 5) He does not have a driver's license.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He had multiple tattoos. He had a scar on his left cheek. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	2 - Extremely Low
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	2 - Extremely Low
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	4 - Borderline
Digit Span:	Immediate auditory memory requires concentration and attention.	5 - Borderline
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	2 - Extremely Low

Comprehension: Practical knowledge and judgment in social situation; requires common sense. 4 – Borderline

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 5 – Borderline

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 7 – Below Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 7 – Below Average

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 6 – Borderline

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 4 – Extremely Low

	Score	Percentile	Confidence Interval
Verbal IQ Score:	61	0.5	57 – 67
Performance IQ Score:	74	4	69 – 82
Full Scale IQ Score:	69	2	66 – 74

INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 69, (2nd percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 66 to 74. He obtained a Verbal IQ score of 61, (0.5 percentile), which places him in the Extremely Low range of verbal intellectual functioning, however his true IQ score could range from as low as 57 to 67. He obtained a Performance IQ score of 74, (4th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 69 to 82. There is a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs better on tasks that emphasize visual-spatial abilities as on tasks that emphasize verbal abilities.

The Personality Assessment Inventory (PAI), a measure of psychological functioning, was not administered due to the patient's reported inability to read.

SUMMARY AND CONCLUSIONS:

The patient, [REDACTED] is a [REDACTED]-year-old married, white male. He has a history of a motor vehicle accident and work related injury. He has pain in his jaw, neck, and back most of the time. He currently takes no medication. He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level of pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to exercise, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He has been treated at [REDACTED] in

[REDACTED] Kentucky sporadically beginning at the age of eight or nine. His last visit was about one year ago. He has a history of anger problems and poor attitude; this is why he began treatment at such a young age. He does not have a history of suicidal or homicidal ideation. In his family of origin, there is a history of anxiety, and anger in his maternal uncles. He does not currently have any suicidal or homicidal ideation. He said he is easily frustrated. He is usually anxious and upset. He said he worries about his mother and his wife. He has been involved in several fights. He was [REDACTED]

[REDACTED] He was [REDACTED]

On the WAIS-III, he obtained a Full Scale IQ score of 69, (2nd percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 66 to 74. He obtained a Verbal IQ score of 61, (0.5 percentile), which places him in the Extremely Low range of verbal intellectual functioning, however his true IQ score could range from as low as 57 to 67. He obtained a Performance IQ score of 74, (4th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 69 to 82.

The Personality Assessment Inventory (PAI), a measure of psychological functioning, was not administered due to the patient's reported inability to read.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

AXIS I: Anxiety Disorder, Not Otherwise Specified

Pain Disorder Associated with Both Psychological Factors and a
General Medical Condition

AXIS II: Antisocial Personality Disorder

Borderline Intellectual functioning

AXIS III: General Medical Condition: pain in jaw, neck and back

AXIS IV: Psychosocial and Environmental Problems: lack of financial --
income

AXIS V: Current GAF: 51

PROGNOSIS:

prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

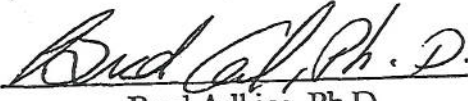
SUMMARY AND CONCLUSIONS:

This evaluator believes that [REDACTED] could manage funds without assistance or restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding [REDACTED] mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.


Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

- 1 Describe the individual's ability to perform the activity according to the following terms.
 - Unlimited** - Ability to function in this area is not limited by a mental impairment.
 - Good** - Ability to function in this area is more than satisfactory.
 - Fair** - Ability to function in this area is limited but satisfactory.
 - Poor** - Ability to function in this area is seriously limited but not precluded.
 - None** - No useful ability to function in this area.

- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE
And DATE *Breda, Ph.D.* 7/17/07

MEDICAL SPECIALITY Psychology

ERIC C. CONN, P.S.C.

12407 South U.S. 23, P.O. Box 308
Stanville, Kentucky 41659-0308
Telephone: (606) 478-5100 Fax: (606) 478-5109

Eric C. Conn
Attorney at Law

John E. Hunt
Attorney at Law

08/01/07
DATE

Hon D. B. Daugherty
Administrative Law Judge
Office of Hearings and Appeals
301 Ninth Street, 2nd Floor Annex
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:
BRADLEY ADKINS, PHD ON 07/17/07
AND AMENDED ONSET DATE OF 03/03/05

Respectfully submitted,

15 PAGES TOTAL
SENT BY FAX / EMAIL

ERIC C. CONN
Attorney at Law

CLF030114

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 07-17-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III)
Personality Assessment Inventory (PAI)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient [REDACTED] is a [REDACTED]-year-old married, white male. He said he injured his left leg in a vehicle accident thirteen years ago. He had a steel rod placed in his leg that always hurts. His right arm and left side of his face frequently goes numb. He was knocked unconscious in the motor

vehicle accident. He currently takes Vicaprofen, Ultram, Zanaflex, and Effexor as prescribed by physicians.

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level of pain, on average, is a 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to walk long distances, ride ATV's, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He is currently receiving treatment at [REDACTED] in Pikeville, Kentucky. He has been going for about three months. He has been diagnosed with depression there.

He does not have a history of suicidal or homicidal ideation. In his family of origin, he reported that his younger brother has a substance abuse problem. He does not currently have any suicidal or homicidal ideation.

He said he began having problems with depression around 1999. This episode has lasted about one and a half years. He cries frequently for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said he feels worthless and hopeless.

He reported that about one and a half years ago, he began to think that others were staring at him and thinking badly of him. He prefers not to go out.

He was raised by his biological parents. He has a good relationship with both his mother and his father. [REDACTED] He has a good relationship with his siblings. Corporal punishment and groundings were used as disciplinary measures in the home while he was growing up. He had no known problems in reaching developmental milestones.

He graduated from high school [REDACTED] His grades were usually "C's". He did not fail any grades. He was not in any remedial classes. He does not have a history of significant behavioral problems while in school.

He worked as a [REDACTED] for about four and a half years. He was never terminated from any of his jobs. He was never reprimanded on any of his jobs.

He is currently married and has been for [REDACTED]. They are currently separated, but working on the marriage. [REDACTED]

He does not have a history of arrests.

He does not have a history of substance abuse.

He does not have a history of abuse either as a victim or as a perpetrator.

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) He is only able to perform light inside chores.
- 3) He experiences pain and difficulty when performing toileting, hygiene maintenance and grooming.
- 4) He experiences pain and difficulty when dressing.
- 5) He does have a driver's license.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and was quite obese. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	9 - Average
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	11 - Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	9 - Average
Digit Span:	Immediate auditory memory requires concentration and attention.	8 - Average

Information: General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment. 8 - Average

Comprehension: Practical knowledge and judgment in social situation; requires common sense. 9 - Average

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 10 - Average

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 9 - Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 9 - Average

Matrix Reasoning:	Nonverbal abstract reasoning skills, requires visual information processing.	7 – Below Average
Picture Arrangement:	Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception.	8 – Average

	Score	Percentile	Confidence Interval
Verbal IQ Score:	93	32	88 – 98
Performance IQ Score:	90	25	84 – 97
Full Scale IQ Score:	91	27	87 – 95

INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 91, (27th percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 88 to 98. He obtained a Verbal IQ score of 93, (32nd percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 88 to 98. He obtained a Performance IQ score of 90, (25th percentile), which places him in the Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 84 to 97. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. His overall profile was judged to be valid. The results of the PAI were as follows:

He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

SUMMARY AND CONCLUSIONS:

The patient, [REDACTED] is a [REDACTED]-year-old married, white male. He said he injured his left leg in a vehicle accident thirteen years ago. He had a steel rod placed in his leg that always hurts. His right arm and left side of his face frequently goes numb. He was knocked unconscious in the motor vehicle accident. He currently takes Vicaprofen, Ultram, Zanaflex, and Effexor as prescribed by physicians. He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level of pain, on average, is a 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to walk long distances, ride ATV's, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He is currently receiving treatment at [REDACTED] in Pikeville, Kentucky. He has been going for about three months. He has been diagnosed with depression there. He does not have a history of suicidal or homicidal ideation. In his family of origin, he reported that his younger brother has a substance abuse problem. He does not currently have any suicidal or homicidal ideation. He said he began having problems with depression around 1999. This episode has lasted about one and a half years. He cries frequently for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said he feels worthless and hopeless. He reported that about one and a half years ago, he

began to think that others were staring at him and thinking badly of him. He prefers not to go out.

On the WAIS-III, he obtained a Full Scale IQ score of 91, (27th percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 88 to 98. He obtained a Verbal IQ score of 93, (32nd percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 88 to 98. He obtained a Performance IQ score of 90, (25th percentile), which places him in the Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 84 to 97.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. The results of the PAI were as follows: He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

- AXIS I: Major Depressive Disorder, Single Episode, Moderate
Social Phobia
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
- AXIS II: No Diagnosis
- AXIS III: General Medical Condition: pain in left leg; right arm and left side of body goes numb
- AXIS IV: Psychosocial and Environmental Problems: lack of financial income
- AXIS V: Current GAF: 54

PROGNOSIS:

Prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

SUMMARY AND CONCLUSIONS:

This evaluator believes that [redacted] could manage funds without assistance or restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding Tommy's mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.

Brad Adkins, Ph.D.

Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

- 1 Describe the individual's ability to perform the activity according to the following terms.
 - Unlimited - Ability to function in this area is not limited by a mental impairment.
 - Good - Ability to function in this area is more than satisfactory.
 - Fair - Ability to function in this area is limited but satisfactory.
 - Poor - Ability to function in this area is seriously limited but not precluded.
 - None - No useful ability to function in this area.

- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE
And DATE *Breda, Ph.D.* 7/17/07

MEDICAL SPECIALITY Psychology

ERIC C. CONN, P.S.C.

12407 South U.S. 23, P.O. Box 308
Stanville, Kentucky 41659-0308
Telephone: (606) 478-5100 Fax: (606) 478-5109

Eric C. Conn
Attorney at Law

John E. Hunt
Attorney at Law

08/01/07
DATE

Hon D. B. Daugherty
Administrative Law Judge
Office of Hearings and Appeals
301 Ninth Street, 2nd Floor Annex
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:
BRADLEY ADKINS, PHD ON 07/17/07
AND AMENDED ONSET DATE OF 02/28/06

Respectfully submitted,

14 PAGES TOTAL
SENT BY FAX / EMAIL

ERIC C. CONN
Attorney at Law

CLF030145

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME:

[REDACTED]

DATE OF EVALUATION:

07-17-07

ADDRESS:

[REDACTED]

DATE OF BIRTH:

[REDACTED]

CHRONOLOGICAL AGE:

[REDACTED] years

SSN:

[REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III)
Personality Assessment Inventory (PAI)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient, [REDACTED]-year-old single, white male. He reported unspecified back problems. He has back pain in his lower and middle back. He currently takes Effexor XR.

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain three to four days per week. He said his level of pain, on average, is a 7 on a scale of 0 to 10. He is not able to go swimming, running, etc. due to the pain.

He has been receiving treatment at [REDACTED] Kentucky for over a year. He has been diagnosed with bipolar disorder and anger problems there.

He has attempted suicide on two occasions. His first attempt was at the age of fourteen. He put [REDACTED] This attempt resulted in treatment at [REDACTED] WV. The second attempt was at the age of sixteen [REDACTED] In his family of origin, there are no mental health problems or substance problems. He does not currently have any suicidal or homicidal ideation, by his report.

He described his usual mood as depressed and has been since the age of twelve. He has no known antecedents. His sleep is good. He cries sometimes.

His anger problems began at fourteen [REDACTED] He has broken things and thrown things in his home, but has never hurt anyone else.

He has no symptoms consistent with manic or hypo manic episodes.

He said he was [REDACTED] He was also mentally abused by teachers and students, by his report.

He was raised by his biological parents. He has a good relationship with both his mother and his father. [REDACTED] Groundings were used mostly in the home as disciplinary measures while he was growing up. Occasional corporal punishment was used as well. He had no known problems in reaching developmental milestones.

He graduated from high school [REDACTED] His grades were "A's" and "B's". He was in mainstream classes. He got along well with his teachers and his peers.

He has no vocational history.

He has never been married and has [REDACTED] children.

He does not have a history of arrests.

He does not have a history of substance abuse.

In regard to activities of daily living:

- 1) He has never done any outside chores.
- 2) He lives with his parents and his mom does the inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance and grooming.
- 4) He has no problems dressing.
- 5) He does have a driver's license.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. [REDACTED] He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE -- THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	7 - Below Average
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	9 - Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	6 - Borderline
Digit Span:	Immediate auditory memory requires concentration and attention.	8 - Average
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	7 - Below Average

Comprehension: Practical knowledge and judgment in social situation; requires common sense. 6 – Borderline

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 5 – Borderline

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 8 – Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 7 – Below Average

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 7 – Below Average

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 6 – Borderline

	Score	Percentile	Confidence Interval
Verbal IQ Score:	83	13	79 – 88
Performance IQ Score:	78	7	73 – 86
Full Scale IQ Score:	79	8	75 – 83

INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 79, (8th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 75 to 83. He obtained a Verbal IQ score of 83, (13th percentile), which places him in the Low Average range of verbal intellectual functioning, however his true IQ score could range from as low as 79 to 88. He obtained a Performance IQ score of 78, (7th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 73 to 86. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. His overall profile was judged to be valid. The results of the PAI were as follows:

He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities,

and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

SUMMARY AND CONCLUSIONS:

The patient, [REDACTED]-year-old single, white male. He reported unspecified back problems. He has back pain in his lower and middle back. He currently takes Effexor XR. He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain three to four days per week. He said his level of pain, on average, is a 7 on a scale of 0 to 10. He is not able to go swimming, running, etc. due to the pain. He has been receiving treatment at [REDACTED] Kentucky for over a year. He has been diagnosed with bipolar disorder and anger problems there. He has attempted suicide on two occasions. His first attempt was at the age of fourteen. He [REDACTED] This attempt resulted in treatment at [REDACTED]. The second attempt was at the age of sixteen by [REDACTED]. In his family of origin, there are no mental health problems or substance problems. He does not currently have any suicidal or homicidal ideation, by his report. He described his usual mood as depressed and has been since the age of twelve. He has no known antecedents. His sleep is good. He cries sometimes. His anger problems began at fourteen [REDACTED]. He has broken things and thrown things in his home, but has never hurt anyone else. He has no symptoms consistent with manic or hypo manic episodes. He said [REDACTED]. He was also mentally abused by teachers and students, by his report.

On the WAIS-III, he obtained a Full Scale IQ score of 79, (8th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 75 to 83. He obtained a Verbal IQ score of 83, (13th percentile), which places him in the Low Average range of verbal intellectual functioning, however his true IQ score could range from as low as 79 to 88. He obtained a Performance IQ score of 78, (7th percentile), which places him in the Borderline range of non-verbal

intellectual functioning, however his true IQ score could range from as low as 73 to 86.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. The results of the PAI were as follows: He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

- AXIS I: Major Depressive Disorder, Single Episode, Severe without Psychotic Features
- Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
- AXIS II: Borderline Personality Disorder
- AXIS III: General Medical Condition: unspecified back pain
- AXIS IV: Psychosocial and Environmental Problems: lack of financial income
- AXIS V: Current GAF: 54

PROGNOSIS:

Prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression symptoms.

However, without treatment, this evaluator would not expect to see any significant amount of improvement.

CONCLUSIONS:

This evaluator believes that [REDACTED] could manage funds without assistance or restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding Adam's mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.



Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand; remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE
And DATE *Bruce J. P. D.* 7/17/07

MEDICAL SPECIALITY Psychology

ERIC C. CONN, P.S.C.

12407 South U.S. 23, P.O. Box 308
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Eric C. Conn
Attorney at Law

John E. Hunt
Attorney at Law

08/01/07
DATE

Hon D. B. Daugherty
Administrative Law Judge
Office of Hearings and Appeals
301 Ninth Street, 2nd Floor Annex
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:
BRADLEY ADKINS, PHD ON 07/17/07

Respectfully submitted,

13 PAGES TOTAL
SENT BY FAX / EMAIL

ERIC C. CONN
Attorney at Law

CLF030158

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 07-17-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: 54 years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III)
Personality Assessment Inventory (PAI)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient [REDACTED] is a [REDACTED]-year-old single, white male. [REDACTED] said he has been having grand mal seizures for twenty years. He has a history of surgery for ulcers three years ago. He had his last seizure about [REDACTED] years ago. He currently takes Dilantin.

He does not have a history of receiving any type of mental health treatment.

He does not have a history of suicidal or homicidal ideation. In his family of origin, his father was an alcoholic, by his report. He does not currently have any suicidal or homicidal ideation.

He said that he has been experiencing sadness for years. He experiences boredom. He has no excitement in anything. He sleeps poorly at night and tires easily during the day. He said he feels worthless.

He said that he was raised by his mother. He has a good relationship with his mother. His father was never around. He has [REDACTED] with whom he has a good relationship. Corporal punishment and groundings were used as disciplinary measure in the home while he was growing up. He had no known problems with reaching developmental milestones.

He said he [REDACTED] because his family moved and he did not want to make new friends. His grades were a "C" average. He had no significant behavioral problems in school. He failed the first and fourth grades.

He has worked mostly [REDACTED] He has worked around twenty years. He said he was fired from jobs because of time and attendance problems related to alcohol abuse.

He has never been married. He has [REDACTED] children.

He refers to himself as "alcoholic. He has had no alcohol intake in about three years.

He has been arrested at least ten times. His arrests were for one DUI (Driving under the Influence), resisting arrest, public intoxication, etc.

He does not have a history of abuse either as a victim or as a perpetrator.

In regard to activities of daily living:

- 1) He is able to perform outside chores.
- 2) He lives by himself and is able to perform inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) He has no problems with dressing.
- 5) He does have a driver's license.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE -- THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	9 - Average
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	11 - Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	9 - Average
Digit Span:	Immediate auditory memory requires concentration and attention.	8 - Average
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	10 - Average

Comprehension: Practical knowledge and judgment in social situation; requires common sense. 11 – Average

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 8 – Average

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 9 – Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 9 – Average

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 7 – Below Average

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 8 – Average

	Score	Percentile	Confidence Interval
Verbal IQ Score:	97	42	92 – 102
Performance IQ Score:	87	19	81 – 95
Full Scale IQ Score:	93	32	89 – 97

INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 93, (32nd percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 89 to 97. He obtained a Verbal IQ score of 97 (42nd percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 92 to 102. He obtained a Performance IQ score of 87, (19th percentile), which places him in the Low Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 81 to 95. There is a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs better on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. His overall profile was judged to be valid. The results of the PAI were as follows:

He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities,

and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

SUMMARY:

The patient, [REDACTED]-year-old single, white male, [REDACTED] said he has been having grand mal seizures for twenty years. He has a history of surgery for ulcers three years ago. He had his last seizure about three years ago. He currently takes Dilantin. He does not have a history of receiving any type of mental health treatment. He does not have a history of suicidal or homicidal ideation. In his family of origin, his father was an alcoholic, by his report. He does not currently have any suicidal or homicidal ideation. He said that he has been experiencing sadness for years. He experiences boredom. He has no excitement in anything. He sleeps poorly at night and tires easily during the day. He said he feels worthless.

On the WAIS-III, he obtained a Full Scale IQ score of 93, (32nd percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 89 to 97. He obtained a Verbal IQ score of 97 (42nd percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 92 to 102. He obtained a Performance IQ score of 87, (19th percentile), which places him in the Low Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 81 to 95.

The Personality Assessment Inventory (PAI) was administered as a measure of psychological functioning. The results of the PAI were as follows: He may be experiencing thoughts of worthlessness, hopelessness, and personal failure. He may experience indecisiveness and difficulties in concentration. He may report sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. He may be experiencing a disturbance in his sleep pattern, a decrease in his level of sexual interest, and a loss of appetite and/or weight.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

AXIS I: Major Depressive Disorder, Single Episode, Moderate
Alcohol Abuse

AXIS II: No Diagnosis

AXIS III: General Medical Condition: grand mal seizures; ulcers

AXIS IV: Psychosocial and Environmental Problems: lack of financial
income

AXIS V: Current GAF: 48

PROGNOSIS:

Prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.


CONCLUSIONS:

This evaluator believes that [redacted] could manage funds without assistance or restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding Jackie's mental abilities:

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.


Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

1. Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2. Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5:

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE
And DATE *Brenda L. Ph.D.* 7/17/07

MEDICAL SPECIALITY Psychology

ERIC C. CONN, P.S.C.

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Stanville, Kentucky 41659-0308
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Eric C. Conn
Attorney at Law

John E. Hunt
Attorney at Law

12/14/07
DATE

Hon D. B. Daugherty
Administrative Law Judge
Office of Hearings and Appeals
301 Ninth Street, 2nd Floor Annex
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:
BRAD ADKINS, Ph.D. ON 11/29/07

Respectfully submitted,

13 PAGES TOTAL
SENT BY FAX / EMAIL

ERIC C. CONN
Attorney at Law

CLF024290

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 11-29-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient, [REDACTED] year-old married, white male. He has degenerative disc disease, bulging discs, and twisting in his back. His legs and feet hurt almost constantly. He currently takes Lortab, and Xanax as prescribed by physician(s).

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to exercise, hunt, fish, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He has been going to [REDACTED] since January of 2007. He has been diagnosed with depression and anxiety.

He has been sent to the [REDACTED] Kentucky on three occasions this year due to anxiety and depression. In his family of origin, there is not a history of substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation.

He has been experiencing symptoms of depression since he was hurt in 2005 in a work-related injury. He cries frequently for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said he feels worthless and hopeless.

He has been experiencing symptoms of anxiety. His family and friends have told him that he is more irritable than he used to be. He worries about finances, his health, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has been unsuccessful in those attempts.

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) He is not able to perform inside chores. His wife performs these.
- 3) He experiences pain and difficulty when performing toileting, hygiene maintenance, and grooming.
- 4) He experiences pain and difficulty when dressing.
- 5) He does have a driver's license.

He was raised by his biological parents. He had a good relationship with his mother. He has a good relationship with his father. He has Corporal punishment was used as disciplinary measures in the home when he was growing up. He had no known problems with reaching developmental milestones.

He graduated from high school in His grades were usually "C's" and "D's". He had no significant behavioral problems while in school. He was in mainstream classes.

He has worked mostly in He has worked fifteen years. He was never terminated from any of his jobs.

He has been married one time. He has been married He said that the marriage is a little troubled currently. He has

He does not have a history of substance abuse.

He does not have a history of arrests.

He does not have a history of abuse either as a victim or as a perpetrator.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He walked with the assistance of a cane. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE – THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	5 – Borderline
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	7 – Below Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	7 – Below Average
Digit Span:	Immediate auditory memory requires concentration and attention.	6 – Borderline



Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	6 - Borderline
Comprehension:	Practical knowledge and judgment in social situation; requires common sense.	7 - Below Average

PERFORMANCE MEASURES:

Picture Completion:	Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail.	4 - Extremely Low
Digit Symbol-Coding:	Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory.	7 - Below Average
Block Design:	Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis.	5 - Borderline

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 5 - Borderline

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 6 - Borderline

	Score	Percentile	Confidence Interval
Verbal IQ Score:	78	7	74 - 84
Performance IQ Score:	72	3	67 - 80
Full Scale IQ Score:	73	4	69 - 78

INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 73, (4th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 69 to 78. He obtained a Verbal IQ score of 78, (7th percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 74 to 84. He obtained a Performance IQ score of 72, (3rd percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 67 to 80. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

SUMMARY AND CONCLUSIONS:

The patient, [REDACTED] year-old married, white male. He has degenerative disc disease, bulging discs, and twisting in his back. His legs and feet hurt almost constantly. He currently takes Lortab, and Xanax as prescribed by physician(s). He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to exercise, hunt, fish, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He has been going [REDACTED] [REDACTED] January of 2007. He has been diagnosed with depression and anxiety. He has been sent to the [REDACTED] [REDACTED] Kentucky on three occasions this year due to anxiety and depression. In his family of origin, there is not a history of substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation. He has been experiencing symptoms of depression since he was hurt in 2005 in a work-related injury. He cries frequently for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said he feels worthless and hopeless. He has been experiencing symptoms of anxiety. His family and friends have told him that he is more irritable than he used to be. He worries about finances, his health, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has been unsuccessful in those attempts.

On the WAIS-III, he obtained a Full Scale IQ score of 73, (4th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 69 to 78. He obtained a Verbal IQ score of 78, (7th percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 74 to 84. He obtained a Performance IQ score of 72, (3rd percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 67 to 80.

DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

AXIS I: Major Depressive Disorder, Single Episode, Severe without
Psychotic Features

Generalized Anxiety Disorder

Pain Disorder Associated with Both Psychological Factors and a
General Medical Condition

AXIS II: Borderline Intellectual Functioning

AXIS III: General Medical Condition: degenerative disc disease, bulging
discs and twisting in back; legs and
feet hurt almost constantly

AXIS IV: Psychosocial and Environmental Problems: lack of financial
income

AXIS V: Current GAF: 50

PROGNOSIS:

prognosis for the next year is fair. With treatment that should
include psychotherapy and psychiatric intervention, it would not be
unreasonable to expect to see a fair amount of remediation of his anxiety and
depression symptoms. However, without treatment, this evaluator would not
expect to see any significant amount of improvement.


SUMMARY AND CONCLUSIONS:

This evaluator believes that could manage funds without assistance or
restriction, if they were awarded to him.

MEDICAL SOURCE STATEMENT:

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding [REDACTED] mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.



Brad Adkins, Ph.D.
Licensed Clinical Psychologist

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

Name		Social Security Number:	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses					X
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.					X
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.				X	

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ()



SIGNATURE/TITLE/MEDICAL SPECIALITY

11-29-07

DATE

PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 11-29-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III)

REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

BACKGROUND INFORMATION:

The patient, [REDACTED] is a [REDACTED]-year-old married times two, white male. He has arthritis in both of his knees. He walks with the assistance of a cane. He hurts often in his legs. He has received physical

therapy in the past, but significant pain persists. He currently takes Celexa, Naproxen, and Remeron as prescribed by physician(s).

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to play sports, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He has been receiving mental health treatment at [REDACTED] [REDACTED]ucky since the summer of 2007. He has been diagnosed with anxiety and depression there.

He does not have a history of suicidal or homicidal ideation. In his family of origin, there is not a history of substance abuse or mental health problems. He said he does not currently have any suicidal or homicidal ideation.

His panic attacks began in the 1980's, but were rare. His severe panic attacks began about two months ago. He said that being in public triggers panic attacks. He has two to three panic attacks a week.

He is experiencing symptoms of depression. He cries occasionally for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said he feels worthless and hopeless.

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) He lives by himself and performs inside chores when able.
- 3) He experiences pain and difficulty when performing toileting, hygiene maintenance, and grooming.
- 4) He experiences pain and difficulty when dressing.
- 5) He does have a driver's license.

He was raised by his biological parents. He has a good relationship with both his mother and his father. He has [REDACTED] Corporal punishment was used as disciplinary measures in the home when he was growing up. He had no known problems with reaching developmental milestones.

He has worked mostly as [REDACTED] He has worked about sixteen year's altogether. He was terminated from one job for time and attendance problems.

He has been married two times. He is currently separated and has been for several months. He has [REDACTED]

He has been arrested three to four times. One was for a DUI (Driving under the Influence) and two to three for alcohol intoxication. He has not been arrested in twelve to thirteen years. He has had no alcohol intake in at least one year.

He does not have a history of abuse either as a victim or as a perpetrator.

BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He walked with the assistance of a cane. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE – THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	6 – Borderline
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	9 – Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	7 – Below Average
Digit Span:	Immediate auditory memory requires concentration and attention.	7 – Below Average

Information: General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment. 8 - Average

Comprehension: Practical knowledge and judgment in social situation; requires common sense. 6 - Borderline

PERFORMANCE MEASURES:

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 5 - Borderline

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 8 - Average

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 5 - Borderline