

Disability Evaluations

Ismail Nabeel, MD, MPH

Assistant Professor

Occupational Medicine/Internal Medicine

Department of Internal Medicine

The Ohio State University's Wexner Medical Center

Questions to answer...

- **How to determine person's disability ?**
- **What forms I need to fill out?**
- **I never signed up for this when I started primary care practice**
- **Is she or he really disabled?**

Definition

- **Impairment**
 - **Alteration of body structure or function**
 - **Not defined in a specific environment**

Definition

- **Impairment**
 - **Alteration of body structure or function**
 - **Not defined in a specific environment**
- **Disability**
 - **Limitation due to impairment**
 - **Inability to perform function of daily living**
 - **Defined in context of environment**

Social Security Disability

- **Inability to engage:**
 - **substantial, gainful activity by reason of a medically determinable physical or mental impairment(s), which can be expected to result in death**
- **OR**
 - **which has lasted or can be expected to last for a continuous period of not less than 12 months**

Define Impairment

- **AMA guides 6th Edition define:**
 - **"A significant deviation, loss, or loss of use of any body structure or body function in an individual with a health condition, disorder or disease**

Case Review

- 63-year-old male, came into the office to seek a disability evaluation.
- Injured at work.
- Worked 35 years as a project construction manager at Department of Corrections.

Regarding this patient

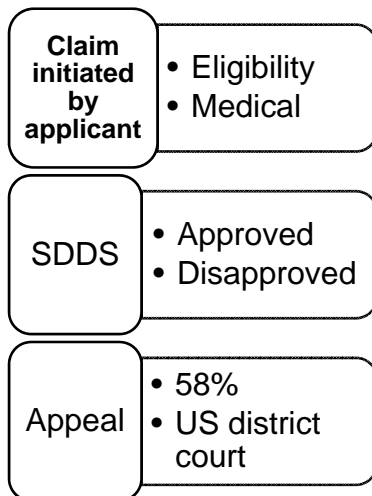
- Disabled worker



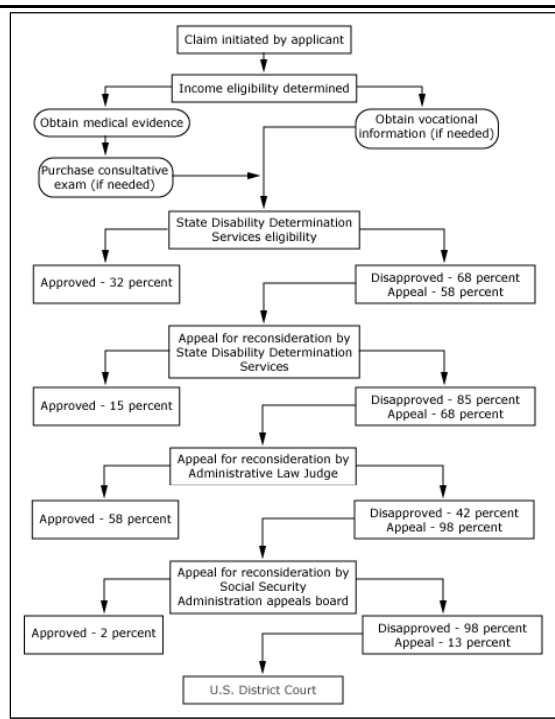
Disability determination process

- Begins with filing the claim
- Initial determination takes about 60 to 90 days. May take over a year.
- State-based Disability Determination Service (DDS) agency gathers the evidence needed to evaluate the claim
- Medical evaluation
 - requested from the treating physician
 - or by the DDS in the form of a consultative examination provided by a physician who contracts with the SSA.

Disability process



Carey, TS, Hadler, NM, Ann Intern Med 1986; 104:706



Disability Evaluations

- **Disability evaluation is an important aspect of clinical care**
- **Responsibility of treating physicians:**

Disability Evaluations

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 - **Input from the primary care physician**

Disability Evaluations

- **Disability evaluation is an important aspect of clinical care**
- **Responsibility of treating physicians:**
 - **Input from the primary care physician**
 - **In-depth and extensive knowledge about the patient**

Evaluations consist of..

- **Clinical/non-clinical information**
- **Limitation in functional ability assessment**
- **Legal interpretations/financial remuneration**
- **Skills required to interact/interpret**
- **Patient's preference**
- **Limited time**

Stake holders

- **Judicial system**

Stake holders

- **Judicial system**
- **Federal agencies**

Stake holders

- **Judicial system**
- **Federal agencies**
- **State agencies**

Stake holders

- **Judicial system**
- **Federal agencies**
- **State agencies**
- **Private insurance companies**

Role of physician

- **Document findings related medical history**
- **Severity of medical problems**
- **Synthesize medical information from different sources**
- **No training or resources are available.**

Impediments in giving opinions

- **Regarding Disabilities:**
 - **No formal training**
 - **No formal course taught in Medical school or during residency**
 - **Paper work involved**
 - **Lack of time to prepare and assess**
 - **Legal implications**

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Where to begin...

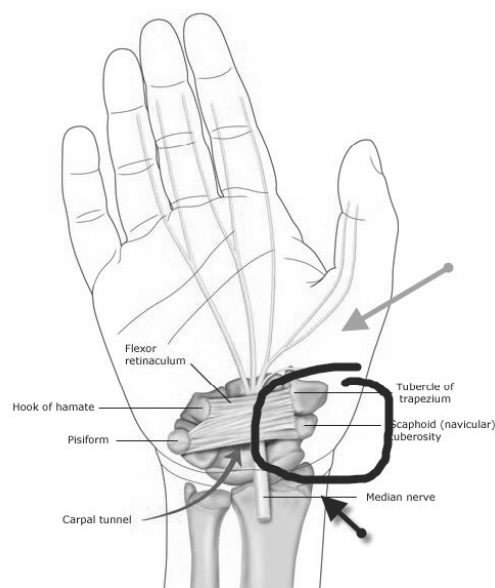
- **Social Security Administration regulations:**
 - Treating physicians have the best prospective
 - Best knowledge of medical impairment
- **Assessment of patient's ability to perform:**
 - Activity of daily living
 - Work related task

Examples

40 year old female employed at the OSUMC for past 20 years as surgical tech.

- Diagnosed with bilateral carpal tunnel syndrome
 - Suffers from carpometacarpal joint tenderness
 - De Quervain Tenosynovitis
- **Disability or impairment**

Carpal tunnel syndrome



Clinician's task...

- **Clinicians task:**
 - **Determine disability via assessing the impairment**
 - **Impact of daily living**
 - **Work**
 - **Medically centered not exclusively medically based^{1,2}**

1. Jette, A, et al. Committee on Disability in America, INSTITUTE OF MEDICINE, Board on Health Sciences Policy, The Future of Disability in America, 2007
2. National Council on Disability (NCD), The Current State of Health Care for People with Disabilities. September 30, 2009. www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html

Epidemiology

- **US Census Bureau in 2005, of the 291.1 million people in the non-institutionalized population**
 - **54.4 million (18.7 percent) reported some level of disability**
 - **35.0 million (12.0 percent) had a severe disability**
- **Physical disabilities more common¹**

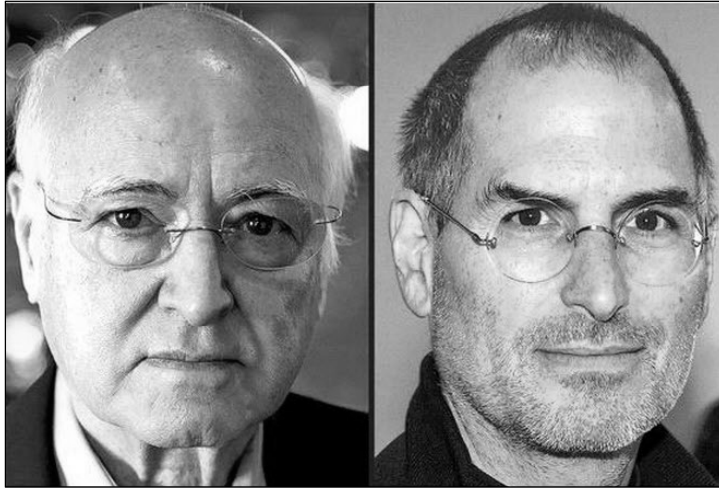
1. National Council on Disability (NCD), The Current State of Health Care for People with Disabilities. September 30, 2009. www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html.

Epidemiology

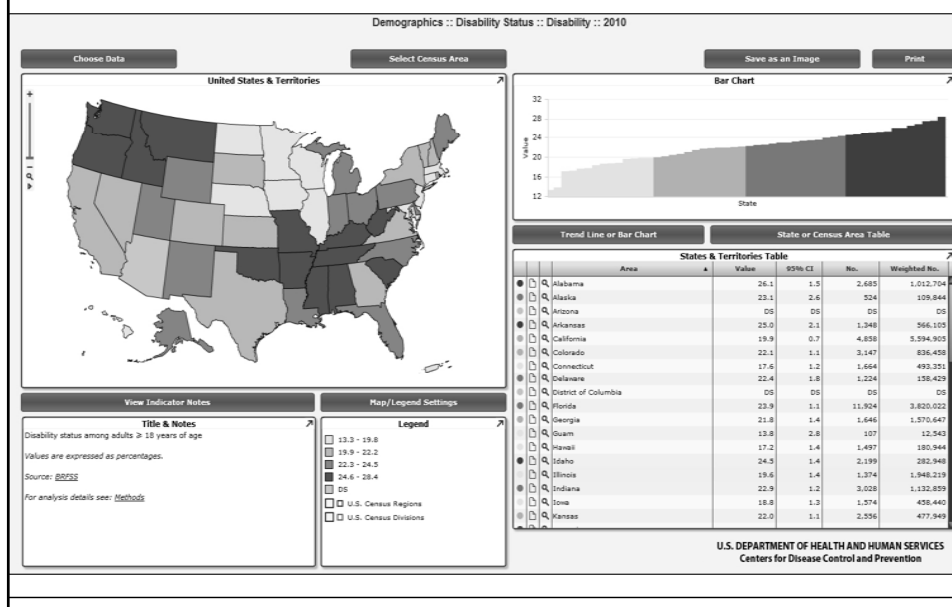
- **African American and Hispanics¹**
- **Rate increase with age¹**
- **Age 65 and above**

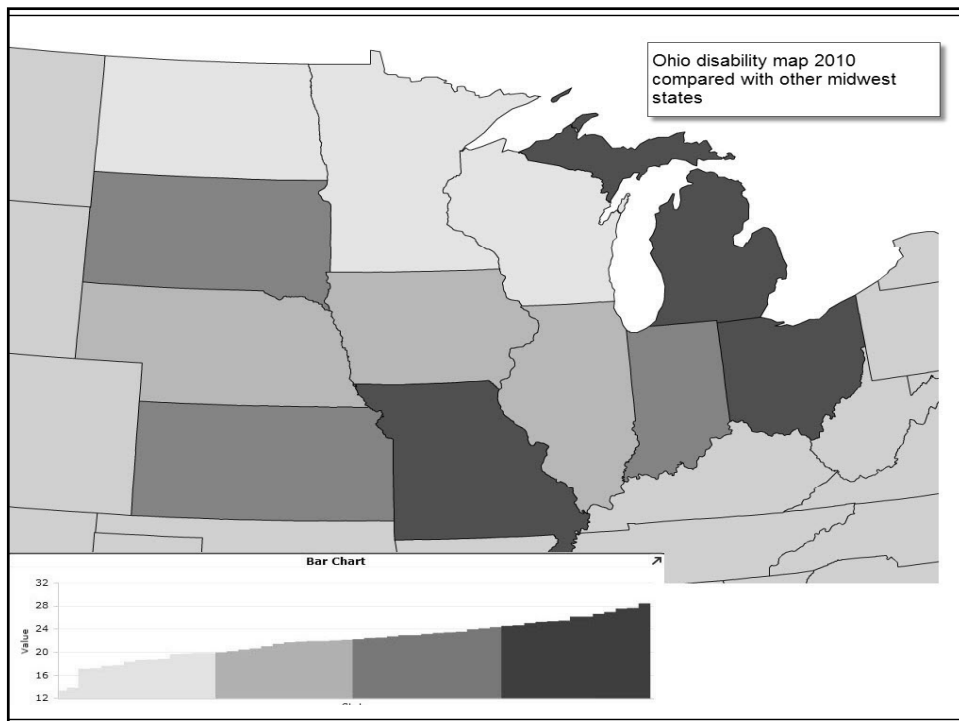
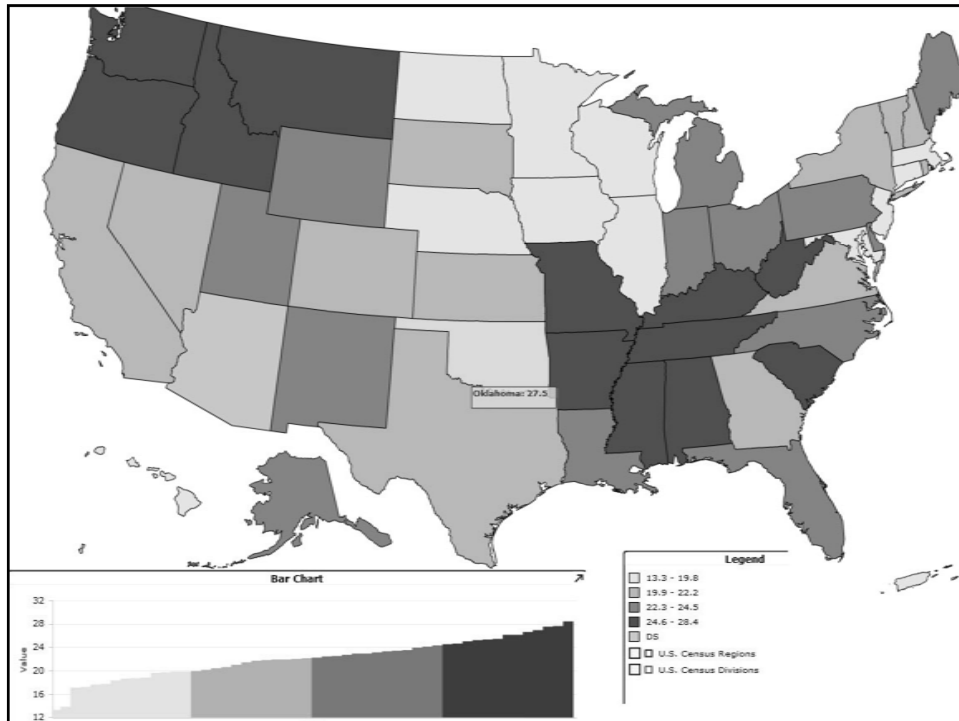
1. National Council on Disability (NCD), The Current State of Health Care for People with Disabilities. September 30, 2009. www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html.

Which person has filed for disability?



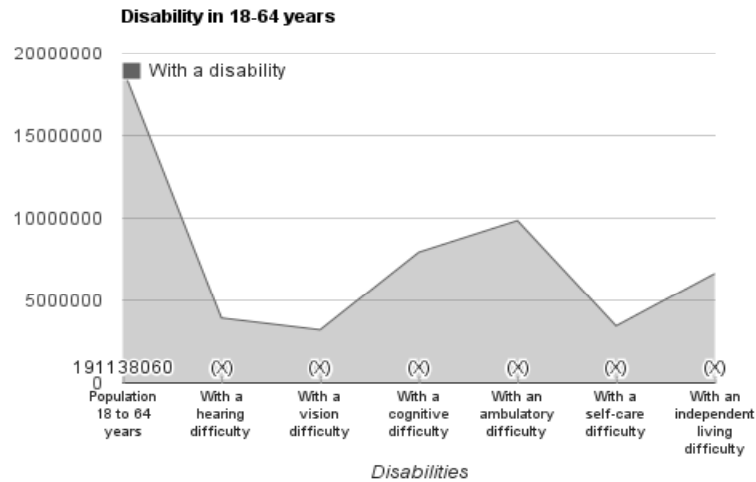
Disability Map 2010



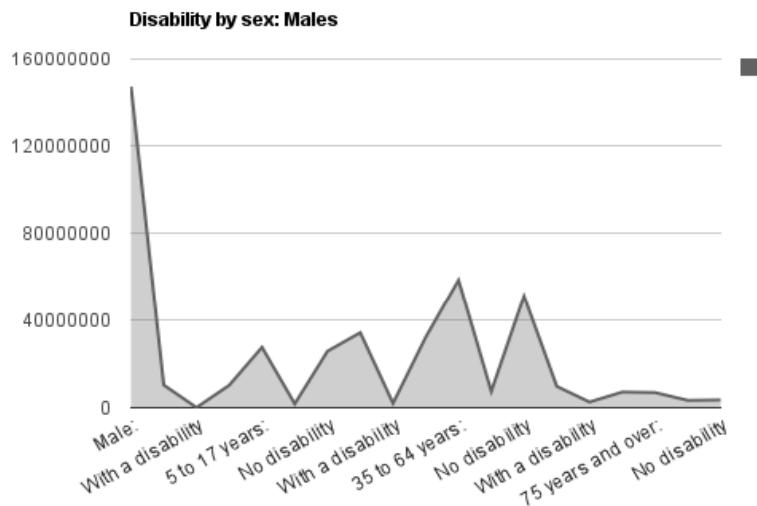


DISABILITY CHARACTERISTICS

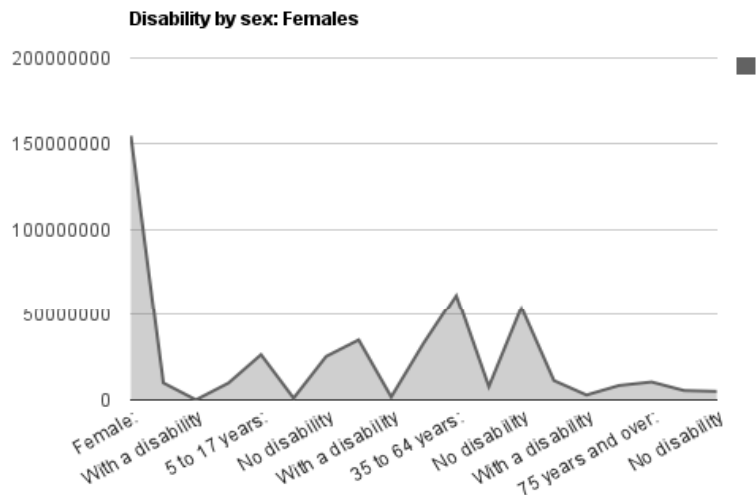
- 2010 American Community Survey 1-Year Estimates



2008-2010 American Community Survey 3-Year Estimates Males



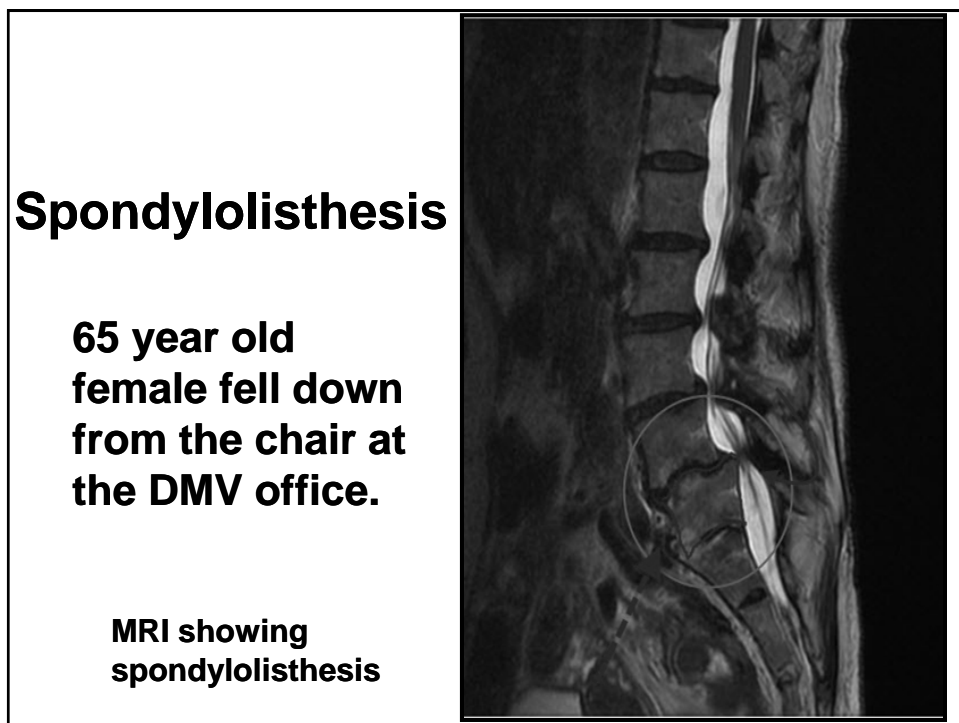
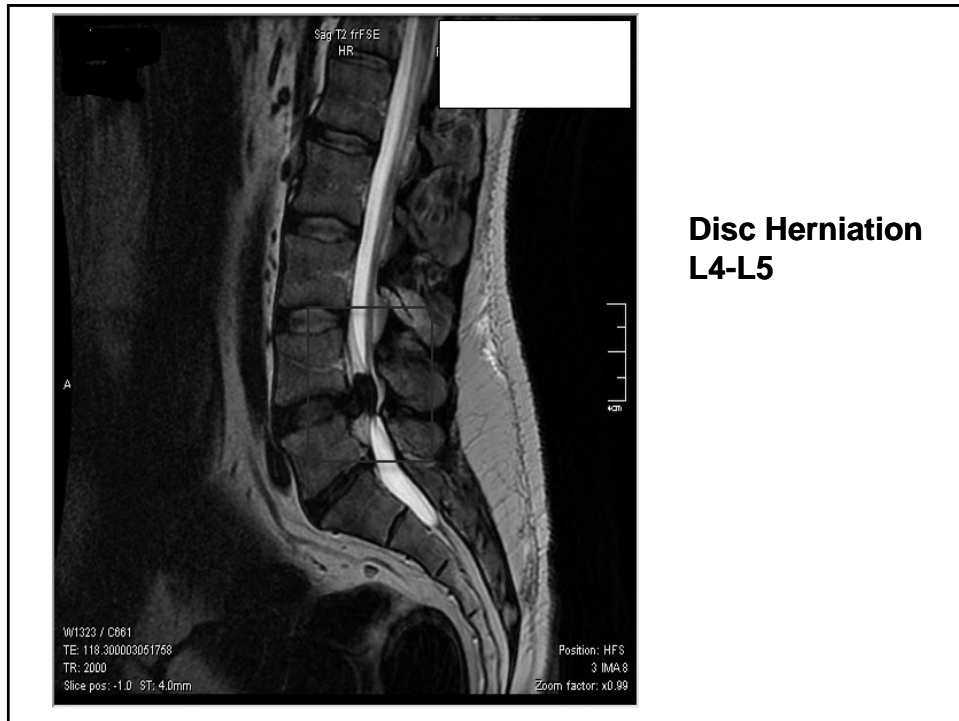
2008-2010 American Community Survey 3-Year Estimates Females



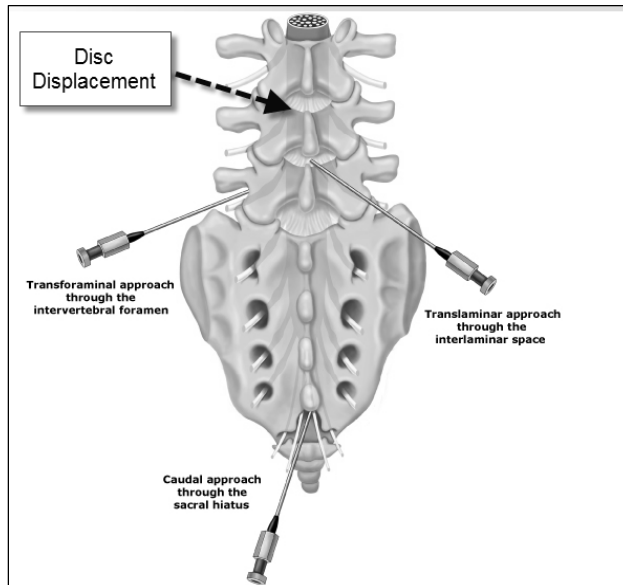
Conditions related to Disability

- Arthritis¹
- Back/spine problems¹
- Heart disease¹
- Increase disability with musculoskeletal conditions

1. Centers for Disease Control and Prevention, "Public Health and Aging: Projected Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms Among Persons Aged 65 Years-United States, 2005-2030," Morbidity and Mortality Weekly Report 52, no. 21 (2003).



Treatment options for Disc Displacement



Chronic low back pain



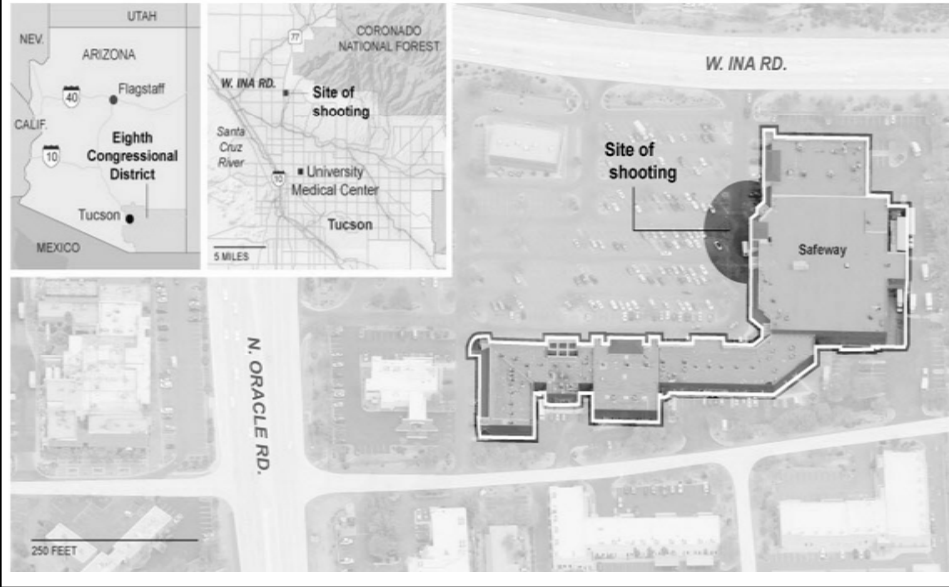
Permanent condition with fusion

Lumbar fusion surgery

Scene of the Shooting

During a public event Saturday morning to meet constituents, Representative Gabrielle Giffords and 19 others were shot outside a supermarket.

[Related Article »](#)



Nov. 10, 2007

Marries an Astronaut

In a ceremony at an organic farm in Amado, Ariz., she marries Capt. Mark E. Kelly, whom she had met on a trip to China. She borrows her Vera Wang wedding dress, serves dinner on plates made of biodegradable sugarcane and has a cook making tortillas on the spot. Of their courtship, he says: "She had it all. Beautiful, smart, hard-working, balanced, fun to be with, and she laughed at my jokes."

 Vows: Gabrielle Giffords and Mark Kelly

 Topic Page: Mark E. Kelly



Ms. Giffords and Captain Kelly at their wedding.

Reuters



James Palka/Associated Press

Jan. 21, 2011

Moves to New Hospital in Houston

Two weeks after the shooting, Ms. Giffords is transferred by air to Memorial Hermann-Texas Medical Center in Houston to begin a long and arduous rehabilitation process. Well-wishers line the streets of Tucson and wave at her ambulance as it goes from the hospital to the airport.

📺 Giffords Arrives at Rehabilitation Facility

📺 Captain Kelly Speaks on His Wife's Condition



Eric Thayer for The New York Times

Supporters lined the hospital entrance when Ms. Giffords was moved from University Medical Center in Tucson.

The New York Times

June 13, 2011



P.K. Weiss/southwestphotobank.com for U.S. Rep. Gabrielle Giffords, via Associated Press

The New York Times

June 13, 2011



P.K. Weiss/southwestphotobank.com for U.S. Rep. Gabrielle Giffords, via Associated Press

Gabrielle Giffords voices final chapter of memoir



Jan. 23, 2012

Farewell Visit to Tucson Food Bank

The congresswoman's farewell tour in Tucson included a stop at the Gabrielle Giffords Family Assistance Center, an office at the food bank that was built from contributions that flooded in after her shooting.

[Giffords Visits Food Bank That Her Well-Wishers Aided](#)



Pool photo by Matt York

Representative Gabrielle Giffords was escorted Monday by two officials at the Community Food Bank of Southern Arizona in Tucson on one of her last home visits as a member of Congress.

Nicole Bengiveno/The New York Times

Day in Tucson

Representative Gabrielle Giffords with her husband, Mark Kelly, led the Pledge of Allegiance at a candlelight vigil to honor victims in Tucson.

Jan. 8, 2012

Leads Pledge of Allegiance at Anniversary of Shooting

Ms. Giffords led the Pledge of Allegiance at a candlelight vigil to commemorate the first anniversary of the shooting.

"I pledge of allegiance," Ms. Giffords began, speaking slowly — almost defiantly — as the crowd of several thousand, some in tears, joined in. Ms. Giffords holding her stiff right arm with her left hand, finished with a bright grin at the crowd. She was led slowly and unsteadily to the side of the stage by Ron Barber, her chief of staff who was also shot in the attack.



Nicole Bengiveno/The New York Times

 Subdued Remembrance of a Dark Day in Tucson

Representative Gabrielle Giffords with her husband, Mark Kelly, led the Pledge of Allegiance at a candlelight vigil to honor victims in Tucson.

SOCIAL SECURITY DISABILITY INSURANCE:

- **SSDI was created in 1954 as Title II of the Social Security Act**
- **The program is funded through payroll taxes paid by workers.**
- **SSDI is the largest disability program of the Federal government**
- **In 2009, 9.7 million Americans were receiving SSDI benefits ¹**

Annual statistical report on the Social Security Disability Insurance Program, 2007. Social Security Administration, Office of Policy, Office of Research, Evaluation and Statistics.

Benefits of the social security disability program

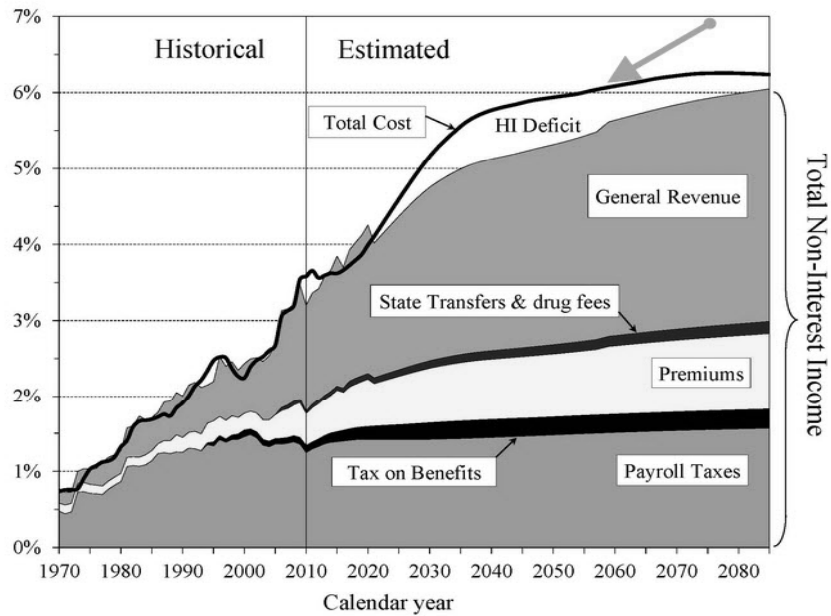
- **Payments after a six month "grace period" after disability begins**
- **Payments**
 - **continue as long as the recipient meets eligibility requirements**
- **Eligible for Medicare benefits**
 - **disabled for two years under SSDI**

Economic impact

- **Social security program cannot sustain the burden.**
- **Social Security expenditures exceeded the program's non-interest income in 2010 for the first time since 1983¹**

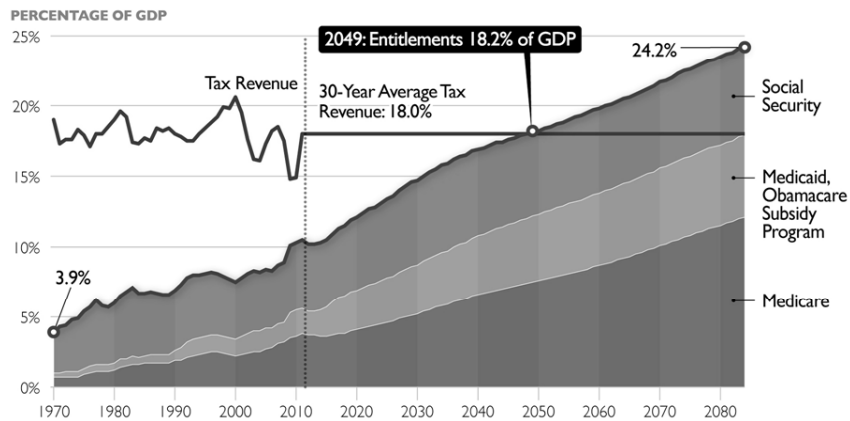
1. <http://www.ssa.gov/oact/trsum/index.html>

Chart C—Medicare Cost and Non-Interest Income by Source as a Percentage of GDP



Entitlements Will Consume All Tax Revenues by 2049

If the average historical level of tax revenue is extended, spending on Medicare, Medicaid and the Obamacare subsidy program, and Social Security will consume all revenues by 2049. Because entitlement spending is funded on autopilot, no revenue will be left to pay for other government spending, including constitutional functions such as defense.



Source: Congressional Budget Office.

Entitlements Chart I • 2011 Budget Chart Book heritage.org

Multiple systems needs Disability Assessment
<ul style="list-style-type: none">• <u>Social security disability system</u>• <u>Worker's compensation</u>• Railroad retirement system• Civil service programs• Insurance companies

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Social Security Administration

- **Medical evidence**
 - Nature and severity of individuals impairment.
- **Determination of disabilities**
 - by social security administration
- **Impairment severe**
 - if interferes with ADL
- **14 broad categories**

<http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

Social Security Disability

Case review:

- **45-year-old male with severe cardiomyopathy**
 - Ejection fraction is 30% or less.
 - Unable to perform heavy workload
- **Metastatic cancer**

Social Security Disability

- **Medical equivalence:**
 - Take into account multiple impairments
 - Functional limitations
 - Severity of impairments
 - Compare medical impairments and functional limitations

Social Security Disability

- **Residual functional capacity**
 - Maximum activity an individual can perform despite functional limitation resulting from all impairment
 - How many hours sit, stand, walk in eight hour shift
 - Able to lift the required amount
 - Able to make decisions

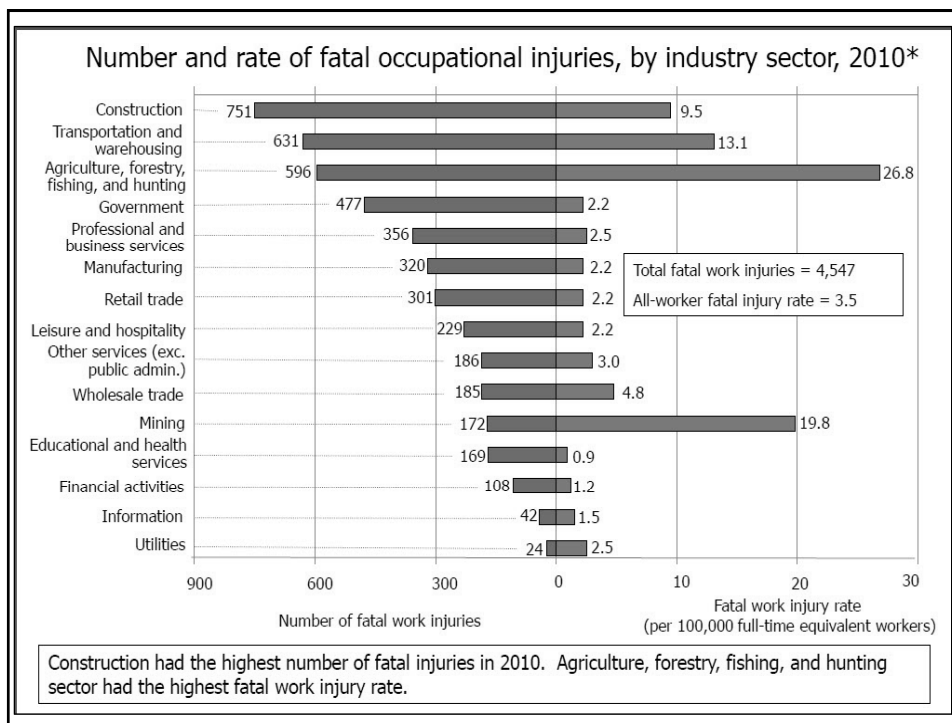
Case Review

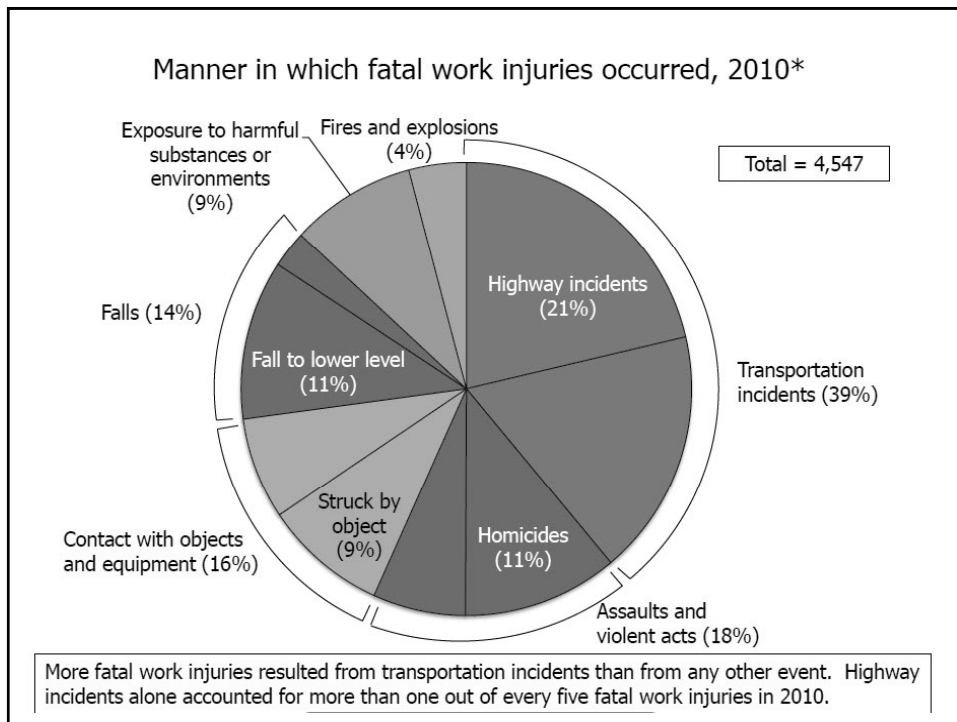
- **50 year old fireman with myocardial infarction and atrial fibrillation**
 - ? Totally disabled
 - Not disabled
- **Can he work as a fireman?**



Work related disability

- **Highest**
 - **Manufacturing**
 - **Construction**
 - **Natural resources/Mining**
 - **Education**
 - **Health services**





Worker Compensation

- **Different than Social Security disability system**
- **Take into account:**
 - Temporary total disability
 - Permanent partial disability
 - Permanent total disability

Determining Causality

- **Workers' compensation is a no-fault system**
- **Contingent upon the work-relatedness of the injury**
 - **Contact dermatitis with chemical exposure**
 - **Back pain may occur as the result of a discrete traumatic**
 - **No diagnostic test can separate occupationally acquired vs. other**

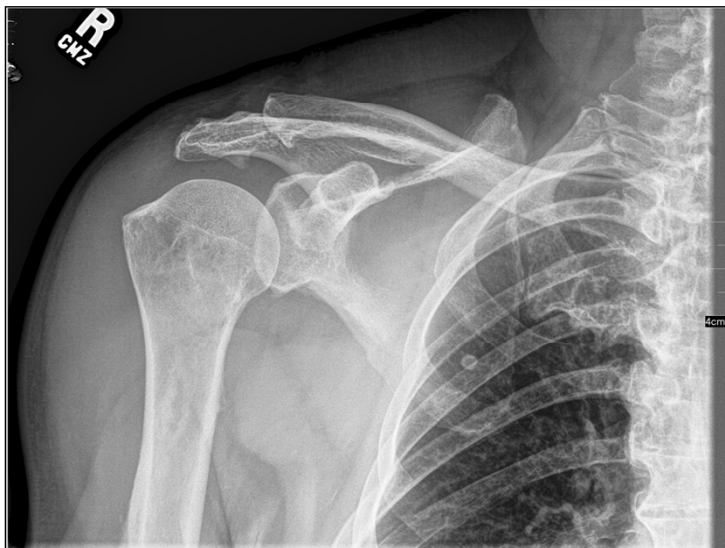
Functional assessment of an Individual

- **Document “impairment”**
- **Medical judgment**
 - **Functional limitation from the impairment**
- **Functional assessment**
 - **Specific work activities**
 - **Strong correlation between severe impairment and inability to work**

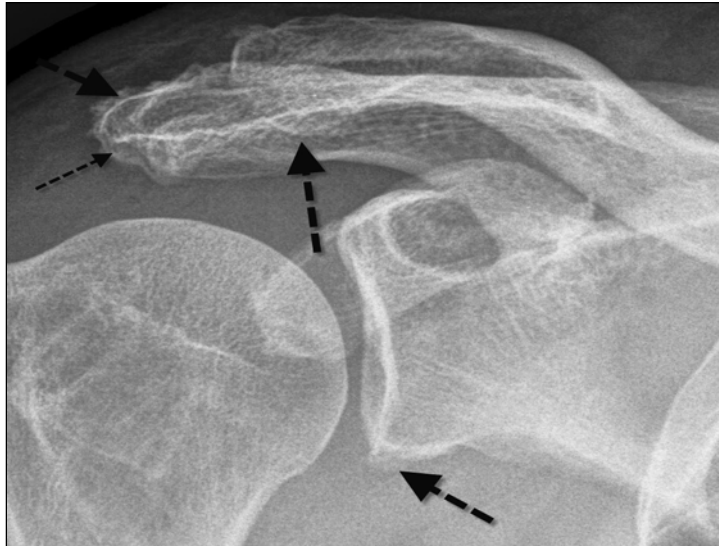
Case review

- 45-year-old male with extensive rotator cuff injury
- Employed as housekeeping staff at local hospital
- Able to do light work-six hours a day
- Is he considered disabled?

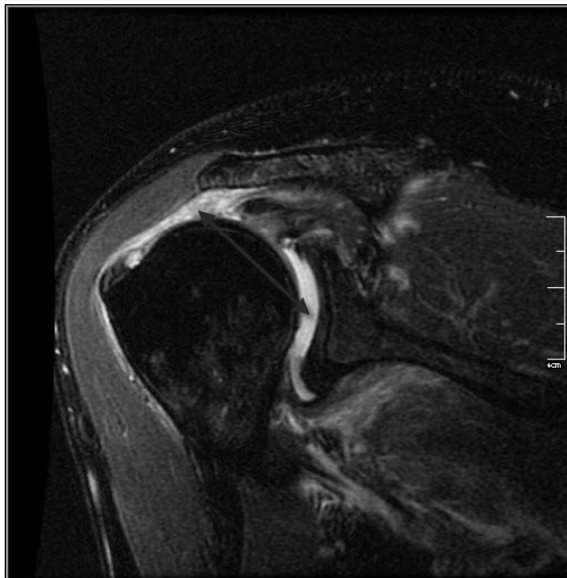
Severe osteoarthritis/delayed outcomes



Severe osteoarthritis/delayed outcomes



Massive rotator cuff injuries



Massive rotator cuff/glenoid
labral disorders

Status post rotator cuff repair



Disability Evaluations

Tammy Wadsworth, PT, OCS, MS
Physical Therapist
OSU Sports Medicine – Hillard
The Ohio State University's Wexner Medical Center

Disability Assessment tools

- Knowledge of medical condition
- Usual limitation with the medical condition
- Knowledge of job and workplace environment
- Assessment of individual specific functional abilities

Validated questionnaire

- General function assessment questionnaire:
 - Health assessment questionnaire
 - Functional activities questionnaire
- Pain assessment questionnaire
 - Pain disability index
- Low back Pain questionnaires
 - Oswestry Disability Questionnaire

Low back pain assessment Instruments

- **Oswestry Disability Questionnaire**
 - Pain and more complex activities
- **DASH Symptom Scale**
 - upper extremity functional assessment
- **American Academy of Orthopedic Surgeons**
 - lower limb questionnaire

Oswestry questionnaire

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in every day life. Please answer every section, and mark in each section only the one box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which most closely describes your problem.

Section 1: Pain intensity

☐ I have no pain at the moment.

☐ The pain is very mild at the moment.

☐ The pain is moderate at the moment.

☐ The pain is fairly severe at the moment.

☐ The pain is very severe at the moment.

☐ The pain is the worst imaginable at the moment.

Section 7: Sleeping

☐ My sleep is never disturbed by pain.

☐ My sleep is occasionally disturbed by pain.

☐ Because of pain I have less than 6 hours sleep.

☐ Because of pain I have less than 4 hours sleep.

☐ Because of pain I have less than 2 hours sleep.

☐ Pain prevents me from sleeping at all.

Section 2: Personal care (washing, dressing, etc.)

☐ I can look after myself normally without causing extra pain.

☐ I can look after myself normally but it is very painful.

☐ It is painful to look after myself and I am slow and careful.

☐ I need some help but manage most of my personal care.

☐ I need help every day in most aspects of self care.

☐ I do not get dressed, wash with difficulty and stay in bed.

Section 8: Sex life (if applicable)

☐ My sex life is normal and causes no extra pain.

☐ My sex life is normal but causes some extra pain.

☐ My sex life is nearly normal but is very painful.

☐ My sex life is severely restricted by pain.

☐ My sex life is nearly absent because of pain.

☐ Pain prevents any sex life at all.

Section 3: Lifting

☐ I can lift heavy weights without extra pain.

☐ I can lift heavy weights but it gives extra pain.

☐ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, eg, on a table.

☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.

☐ I can lift only very light weights.

☐ I cannot lift or carry anything at all.

Section 9: Social life

☐ My social life is normal and causes me no extra pain.

☐ My social life is normal but increases the degree of pain.

☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, eg, sport, etc.

Section 4: Walking

☐ Pain does not prevent me walking any distance.

☐ Pain prevents me walking more than 1 mile.

☐ Pain prevents me walking more than 1/2 of a mile.

☐ Pain prevents me walking more than 500 yards.

☐ I can only walk using a stick or crutches.

☐ I am in bed most of the time and have to crawl to the toilet.

Section 5: Traveling

☐ I can travel anywhere without pain.

☐ I can travel anywhere but it gives extra pain.

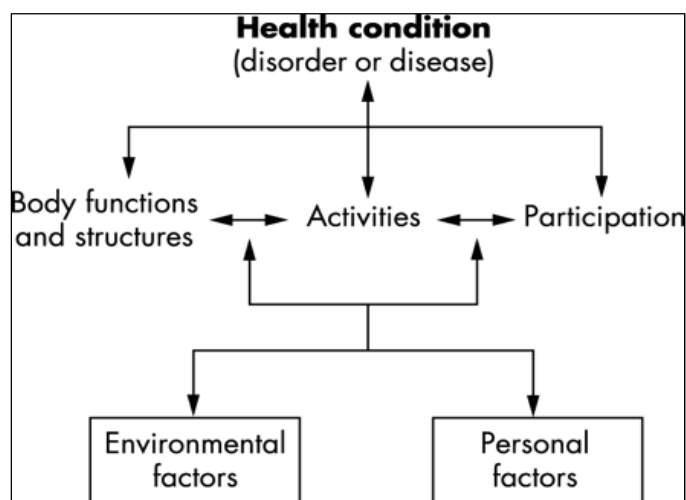
☐ Pain is bad but I manage journeys over two hours.

Oswestry Questionnaire

Functional Capacity Evaluations

- **Systematic**
- **Comprehensive**
- **Objective measurements**
 - **Maximum workability**
 - **To assess safe, functional abilities.**
 - **Physical demands of the job**
- **Done by physical therapist**

International Classification of Function and Disability



Functional Capacity Evaluation

- **A FCE is an evaluation of capacity of activities that is used to make recommendations for participation in work while considering the person's body functions and structures, environmental factors, personal factors and health status**

Functional Capacity Evaluation

- **Most FCEs are performed one-on-one on 1 or 2 days for several hours of intense evaluation.**
- **The purpose is to stress the physical abilities of the client to a safe maximum to accurately document observations regarding work and activities of daily living.**

What to expect in a test

- **Full musculoskeletal evaluation:** range of motion, strength, flexibility, balance, reflexes, sensation
- **Generic work activities from the Dictionary of Occupational Titles (DOT) or Occupational Information Network (O*NET):** push, pull, lift from floor, lift overhead, stairs, crawling, kneeling, ladders, forward bending, hand coordination, tolerance to sitting or standing, walking, carrying
- **Specific work tasks:** may need to be done at work if a reasonable replication cannot be made in the clinic

- **Standardized tests in which normative data has been established**
 - Hand grip
 - Pinch grip
 - Minnesota (round block flipping task for gross motor hand)
 - Purdue (peg board item construction for small motor hand)
 - 6 minute walk test

Safe Maximums

- Client safety comes first
- Signs of maximal ability:
 - Increase in heart rate
 - Sweating
 - Increase in bulging of primary muscles
 - Use of accessory muscles
 - Changes in body mechanics such as wider base and counterbalancing
 - Changes in pace, efficiency or smoothness
 - Use of momentum or ability to eccentrically control weight

Floor to Waist



Waist to Overhead



Carry



Consistency

- **Link between the pathology, musculoskeletal findings and the FCE performance**
- **Link between FCE activities (similar activities had similar performance)**
- **Link between the client's perceived abilities and the FCE performance**
- **Consistency of performance when the same body areas are stressed performing various activities**
- **A link between activities between day one and day two.**

Reliability

- **Reliability is good if the provider is trained. Trained providers use a standardized definition for completion of the activities and agreement between providers using the same criteria is good.**
- **Testing on second day is almost always the same as day one (about 80% of the time).**

Validity

- **Confusing results on the surface of research are due to heterogeneous clients and heterogeneous jobs.**
- **Cluster of signs can be predictive of ability to return to work for some clients and some jobs but does not represent a large number of clients.**

Disability Evaluations

Ismail Nabeel, MD, MPH
Assistant Professor
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Permanent impairments

- **Permanent impairment:**
 - **Need to assess permanent functional loss**
 - **Commonly percentage of body parts**
 - **Whole body function**
- **AMA guides to the evaluation of permanent impairments**

Guide usage

Guides	Number of states	Specific states
AMA Guides 5th	13 States	CA, GA, HI, IA, KY, MA, NH, NV, ND, RI, VT, WA, OH
AMA Guides 6th	9 States	AK, AZ, LA, MT, NM, OK, PA, TN, WY, Federal claims

State-by-state Use of AMA Guides, updated July 2009. Available at
http://www.lexisnexis.com/documents/pdf/20090916052048_large.pdf

Disability Determination Summary

- **Role of the clinician**
- **Determine medical impairment**
- **Ability to perform activities of daily living secondary to impairment**
- **Disability, inability to engage in gainful employment or activity**
- **Clinician medical judgment/disability tools/functional capacity evaluation**