



INSTRUCTIONS FOR THE
PHYSICAL HEALTH
MEDICAL SOURCE STATEMENT FORM

1. **Do not** write on this form yourself.
2. Take this form to the doctor that knows the most about all of your conditions.
3. You should not be in the room when the doctor fills it out and you should not directly answer the questions on the form for the doctor. The doctor needs to complete the form **independently** of you.
4. A **MD** or **DO** must sign this form in order for it to be accepted by Social Security.
5. If you see a PA (physicians assistant) or APN (Nurse Practitioner), they may fill out the report and sign it, but an MD or DO must still co-sign the report. (If this is not possible, still have the PA or APN complete the report anyway.)
6. We cannot force your doctor to complete the report.
7. You may return this report to us or the physician may return the report by fax to 702-800-5408.



**PROFESSIONAL
ADVOCATES, INC.**
Social Security Disability Representation

703 S 8th St. ★ Las Vegas NV 89101
O. 702-388-4472 F. 702-800-5408

REQUEST FOR REPORT

Your patient has a disability claim pending before the Social Security Administration and the Professional Advocates, Inc. is representing your patient. You may return the attached report to us via fax at 702-800-5408.

The attached report requests your medical opinion about the maximum residual functional capacity of your patient. **Please do not refer your patient to a physical therapist or recommend a functional capacity examination for the purposes of completing the report.** A report from a functional capacity examination will carry very little weight since this is a one time exam and it is not an opinion by you, the treating physician. ***YOU WILL NOT BE CALLED TO TESTIFY IN COURT.***

Please answer any of the questions you can. Some information can be more helpful than you think. Please be sure to complete the question “What medical findings support this opinion?”

You do not have to render an opinion about whether the patient is disabled. The Administration’s definition of a medical opinion is what an individual can still do, despite their severe impairment. Whether the patient is disabled is Social Security’s decision.

However, you *are* the medical professional most able to provide a detailed, longitudinal picture of a claimant’s medical impairments. You bring a unique perspective to the medical evidence that cannot be obtained from the objective medical findings, reports of individual examinations, or from one time consultative examinations arranged by Social Security. Your opinion is given special consideration.

If you have any questions or concerns regarding this report you may contact me directly at 702-518-6672. Thank you for your gracious consideration of this request.

PROFESSIONAL ADVOCATES, INC.

TREATING PHYSICIAN MEDICAL SOURCE STATEMENT
RE: RESIDUAL FUNCTIONAL CAPACITY

Patient Name:

SSN:

Diagnosis:

DOB:

Based on your examination of this claimant, would you state your professional opinion as to her/his ability to perform the following functions in **ONE 8-hour work day**:

1. Total Hours Sitting in an 8 hr day

1 2 3 4 5 6 7 8

How many minutes at a time? _____ min

What medical findings support this assessment?

2. Total Hours Standing/Walking in an 8 hr day

1 2 3 4 5 6 7 8

How many minutes at a time? _____ min

What medical findings support this assessment?

3. Lifting / Carry in an 8 hr day

Maximum Occasionally: _____pounds

Maximum Frequently: _____pounds

What medical findings support this assessment?

4. With prolonged sitting, should your patient's leg(s) be elevated? () Yes () No

5. Is this patient a malingerer? () Yes () No

6. Postural Capacity: Is the patient able to do the following:

	Frequently	Occasionally	Never
a. Climbing ramp/stairs	_____	_____	_____
b. Climbing ladder/scaffolds	_____	_____	_____
c. Balancing	_____	_____	_____
d. Stooping/Bending	_____	_____	_____
e. Kneeling	_____	_____	_____
f. Crouching/Squatting	_____	_____	_____

7. Is an assistive device (cane, crutch) medically necessary for ambulation?

() No () Not needed for short distance on level surface

() Yes If yes: () Essential to ambulate () only to get up and down



**For the following questions, please assume your patient is
ATTEMPTING to work 8 hours a day, 5 days a week**

8. Would your patient need to take unscheduled breaks during an 8 hour period? () Yes () No
How often will this happen? () Once () Twice () More than Twice

How long would your patient have to take this break before returning to work? _____ min / hr

9. Are your patient's impairments likely to produce "good days" and "bad days"? () Yes () No

If yes, please estimate, on the average, how many days per month your patient would be likely to be absent from work as a result of the impairments or treatment:

- | | |
|------------------------------|-----------------------------------|
| ___ Never | ___ About three days per month |
| ___ About one day per month | ___ About four days per month |
| ___ About two days per month | ___ More than four days per month |

10. Are there any symptoms that would prevent your patient from concentrating for more than a total of 2 hours in an 8 hour day? () Yes () No

If yes, what are those symptoms? (ex: pain, fatigue, side effects of medication, etc.)

11. Are all of these limitations expected to last for 12 months or longer? () Yes () No

12. What month and year did the restrictions as you have opined begin? Month: _____ Year: _____

Comments regarding any other factors which impact your patient's ability to function.

DATED: _____

M.D. SIGNATURE

MD Printed Name, Address & Phone No.

PATIENT NAME



FREQUENTLY ASKED QUESTIONS ABOUT OPINONS OF MEDICAL PROFESSIONALS IN SOCIAL SECURITY REPORTS

Why does a patient need the opinion of a treating doctor in making a social security disability claim? The treating doctor is the medical professional most able to provide a detailed, longitudinal picture of a claimant's medical impairments. The treating doctor may bring a unique perspective to the medical evidence that cannot be obtained from the objective medical findings alone or from reports of individual examinations, such as consultative examinations arranged by SSA. *SSA gives the opinion of the treating doctor special consideration.*

Does SSA expect treating doctors to know the precise legal definition of disability? No. In fact, SSA assumes that treating doctors know nothing about determining whether someone is disabled. SSA says that figuring out whether a claimant is disabled or not is its job – this is a legal determination. *So if a treating doctor offers the opinion that a patient is disabled, even if the opinion is dressed up with all the statutory jargon, SSA barely considers the opinion.* These are issues reserved to the Administration. The Administration is most interested in the doctor's opinion about what a patient can do.

What is the definition of disability for the social security disability program? Here are the elements of the definition of disability found in the Social Security Act. To be found disabled a claimant must have:

- a medically determinable impairment, that is, a physical or mental impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques; and
- which meets the duration requirement, that is, the impairment can be expected to result in death or it must have already lasted or can be expected to last for a continuous period of not less than 12 months; and
- which prevents the performance of past relevant work; and
- which prevents the performance of any other substantial gainful work that exists in the economy in significant numbers, considering the claimant's age, education and work experience.

Does Social Security accept an opinion from a Physical Therapist or through a FCE? No. A physical therapist's opinion is not given any weight unless a medical doctor also signs off on the opinion. However, even then the report is not given much weight unless the physical therapist has been a treating source. A functional capacity examination (FCE) is also not an acceptable method for the report to be completed. A report completed through a FCE will carry very little weight since this is a one time examination and is not an opinion by the *treating physician*.

What information does SSA need from the treating doctor? A treating doctor may be asked about the nature, severity, extent and duration of a patient's impairments, including observations and opinions about how well the patient is able to function, the effects of any treatment, including side effects, and how long the impairments are expected to limit the patient's ability to function. A treating doctor may be asked about the effects of impairments on the patient's ability to function in a sustained manner in performing work activities and in performing activities of daily living. Such opinions help SSA adjudicators to draw accurate conclusions about the severity of the impairments and the patient's remaining capacity for work, which SSA calls the residual functional capacity.

In close cases I worry that I'll inadvertently say the wrong thing or that I will harm my patient's case if I describe my patient as capable of doing any work-related activities at all. Should I be concerned about this? The source of this worry oftentimes is the misperception that a patient needs to be virtually bedridden to be found disabled by SSA. Although this is not the case, sometimes the best thing a doctor can do is telephone the claimant's attorney to discuss the issues.

What is the worst thing a doctor can do when completing a disability form describing a patient's capacity for work? Describing a patient as more disabled than he or she actually is. It is worse than erring in the other direction because it tends to make the doctor's opinion useless for determining whether the patient meets the requirements of the Social Security Act to be found disabled.

If I really think my patient can sustain work at a regular full time job, should I fill out the form anyway? It depends on the age of the claimant and the claimant's attorney's theory of the case. Because of age, especially if over age 50 or 55, some claimants can actually be capable of performing a surprising number of jobs and still be found disabled. It is also possible the claimant's attorney is looking to document the impact of a few physical limitations to be used in combination with a mental impairment to establish eligibility. *The claimant's representative will appreciate a telephone call from you before you fill out the form.*

How does SSA determine whether drug addiction or alcoholism is "material"? If hypothetically the claimant were to stop abusing drugs or alcohol, would the claimant's ability to work be restored? Let's illustrate this with an example. Let's say that alcohol caused a claimant's disabling liver disease. If stopping drinking will restore the claimant's ability to work, SSA will find that alcoholism is material and therefore this claimant will be ineligible for benefits. But if stopping drinking would *not* restore the claimant's ability to work, SSA will find that alcoholism is *not* material, even though it was alcoholism that caused the damage in the first place and even though this claimant is still drinking. This claimant will be eligible for benefits.



SOCIAL SECURITY ADMINISTRATION RESIDUAL FUNCTION CAPACITY DEFINITIONS

1. **Sedentary Work** involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although sedentary jobs involve sitting, they also require a certain amount of walking and standing to carry out job duties. Jobs are sedentary if they require occasional walking and standing provided other sedentary criteria are met. Because sedentary occupations may require occasional standing and walking, the actual periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Work processes in specific occupations will dictate how often and how long a claimant needs to be on his or her feet to obtain or return small articles. By its very nature, work performed primarily in a seated position entails no significant stooping. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand-finger actions.

2. **Light Work** involves lifting no more than 20 pounds a time with frequent lifting or carrying of objects weighing up to 10 pounds. Since frequent lifting or carrying requires a claimant to be on his or her feet up to two-thirds of a workday, the full range of light work requires standing or walking for a total of approximately 6 hours of an 8-hour workday. Even though the weight a claimant lifts in a particular light job may be minimal, the regulations classify a job as light work when it requires a significant amount of walking or standing—the primary difference between sedentary and most light jobs.

A job is also in this category when it involves sitting most of the time with some pushing and pulling of arm-hand or leg-foot controls requiring greater exertion than in sedentary work; e.g., mattress sewing machine operator, motor-grader operator, and road-roller operator (skilled and semi-skilled jobs in these particular instances). Relatively few unskilled light jobs are performed in a seated position. The lifting requirements for the majority of light jobs can be accomplished with occasional, rather than frequent, stooping. Many unskilled light jobs are performed in one location—in which case the ability to stand is more critical than the ability to walk. Light jobs require the use of arms and hands to grasp, hold and turn objects. They generally do not involve the use of the fingers for fine activities to the extent required in most sedentary jobs.

3. **Medium Work** involves lifting no more than 50 pounds at a time with frequent lifting of objects weighing up to 25 pounds. A full range of medium work requires standing or walking for a total of approximately 6 hours in an 8-hour workday in order to meet the requirements of frequent lifting or carrying of objects up to 25 pounds. As with the requirements of light work, sitting may occur intermittently during the remaining time. In contrast to the fine precision activities of the fingers and hands required by sedentary work, medium work generally requires only use of the arms and hands to grasp, hold, or turn objects.

The full range of medium work requires both considerable lifting and frequent bending-stooping (“stooping” is a type of bending in which a person bends his or her body downward and forward by bending the spine at the waist; “crouching” is bending both the legs and spine in order to bend the body downward and forward). This activity requires flexibility of the knees as well as of the torso. However, relatively few occupations in the national economy require lifting, pushing or pulling activities from primarily a sitting position; e.g., taxi driver, bus driver, a tank-truck driver (semi-skilled jobs). In most medium jobs, the critical requirement is being on one’s feet for most of the workday. An individual’s ability to perform frequent lifting or carrying of objects weighing up to 25 pounds is often more critical than being able to lift up to 50 pounds at a time.

4. **Heavy Work** involves lifting objects weighing more than 100 pounds. If a claimant can do very heavy work, he or she can also engage in heavy, medium, light, and sedentary work. See §125.

