

How to file a CA-2 for an occupational disease



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Carrying mail is tough, physical work that can take a toll on your body. Many letter carriers tolerate nagging aches and pains throughout their careers, often suffering permanent damage while attempting to “walk it off.” Fortunately, federal law provides compensation for these types of injuries, which are referred to as occupational diseases.

To successfully file an occupational disease claim, you need to build a foundation for the claim by first educating your doctor about the physical nature of your work duties. Once your doctor knows what your work duties are, they need to provide a medical narrative that connects those work duties to the injury you are suffering. This is generally a three-step process.

Step 1: Writing your work narrative—Doctors are busy people and know little about what letter carriers’ duties are. For your doctor to formulate a medical opinion, the doctor must understand your day-to-day duties as a letter carrier. Providing a short, one-page description of an average workday will help your doctor comprehend the physical nature of letter carrier work.

Your work description should describe an average day sorting and delivering your route. Explain the physical acts of sorting and delivering your route; doctors don’t need to know about vehicle checks, hot cases or signing for accountables. They do need to know about the standing, walking, lifting, reaching, carrying, pushing and pulling you do every day.

Use terms like “approximately” or “about” when describing mail volumes and delivery times. Use conservative estimates of weights, distances, repetitions and the time it takes to perform each duty—never exaggerate the number of deliveries on your route or how long it takes to deliver.

Most importantly, describe the work factors that are appropriate for your injury. For example, for a shoulder injury, you want your doctor to know how much reaching, pushing, pulling and lifting you do on an average day. A series of short paragraphs should be enough to give your doctor an accurate picture of your work duties, so the doctor can provide an opinion on the causal relationship between specific work duties and the diagnosed injury or condition.

Step 2: The doctor’s narrative—Causal relationship is a medical issue and the medical evidence generally required to establish a causal relationship is a rationalized medical opinion by your doctor. A rationalized medical opinion is medical evidence that includes a doctor’s opinion on whether there is a causal relationship between the worker’s diagnosed condition and work factors.

The doctor’s opinion must be based on a complete fac-

tual and medical background of the injured worker, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific work factors.

In the medical narrative, your doctor will need to describe the physiological mechanisms by which specific work factors (standing, walking, carrying, pushing, pulling, etc.) caused the diagnosed condition. The doctor’s diagnosed conditions must be based on objective medical evidence such as tests, X-rays or MRIs, and should include the proper ICD codes.

Most doctors do not know that your work factors do not need to be the primary cause of your injury; in fact, the work factors can be a very small contributing factor for the claim to be accepted. OWCP will also accept a claim if the work factors have aggravated or made worse an existing injury that is not job-related.

OWCP requires the doctor’s opinion to be of reasonable medical certainty. A medical opinion couched in such terms as “might be,” “could be” or “may be” does not have as much value as an opinion stated with reasonable medical certainty.

Once you have the medical narrative describing the causal relationship between your work and your medical condition, ask your supervisor for a CA-2 or print one, which is available on the “Injured on the Job” page of the NALC website.

As you fill out the CA-2, you will come to question 11, which asks for the date you first became aware of the disease or illness. The answer is likely the first time you sought treatment. Question 12 asks for the date you first realized the disease or illness was caused or aggravated by your employment. The date of your doctor’s medical narrative will be the date you enter in question 12.

Step 3: Submitting the CA-2—Once you have completed your portion of the CA-2, make a copy of it and hand the original, along with your narrative, to your supervisor. Get the signed receipt portion of the CA-2 from your supervisor.

The Postal Service is required to send your CA-2 to the Office of Workers’ Compensation Programs within 10 working days of receiving it from you. Once OWCP gets your CA-2, it will assign you a claim file number and send you a letter.

Medical reports should be sent directly to OWCP, not the Postal Service. Once you have the file number, you can mail all of the medical information, such as test results and medical narratives, directly to OWCP, or you can upload your documents directly to your file via OWCP’s ECOMP portal.

OWCP normally takes 90 days to make a decision in an occupational disease claim. That time can be shortened if you follow these steps and swiftly respond to any correspondence OWCP sends to you.

SUGGESTED FORMAT FOR NARRATIVE MEDICAL REPORT IN SUPPORT OF FECA OCCUPATIONAL DISEASE CLAIM*

- Patient's name and address; and OWCP file number (if known).
- Patient's history of occupational disease. This is a key item and should consist of a written statement by the physician reflecting knowledge of the conditions of the patient's employment believed to be the causative factors.

It is suggested that the physician first be furnished with a detailed written statement from the employee describing the conditions of the employment. The physician should ideally include or attach a copy of the employee's written statement, referencing it with remarks similar to the following:

"I have read the statement dated _____, prepared by _____, regarding the conditions of employment at _____ during the period from _____ to _____"

- Date(s) of examination and/or treatment.
- Period of hospitalization, if any.
- Tests given, findings, and results (X-rays, lab tests, EKG, etc.).
- Definitive diagnosis (no impressions).
- Opinion: was condition caused, permanently or temporarily aggravated, accelerated, or precipitated (hastened), by conditions of employment described by the patient?
- Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion?). This is very important and should be as specific as possible - and should include how any test results formed a basis for the opinion.
- Statement describing any apparent concurrent medical conditions *unrelated* to the occupational disease.
- Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability was total or partial; and if partial (as opposed to total disability for work as a letter carrier), the work limitations involved in working while partially disabled. The work limitations should describe the restrictions on walking, standing, sitting, lifting, etc., and include the number of hours allowed for each per day. Disability from any apparent concurrent medical conditions *unrelated* to the occupational disease must be considered in determining the employee's ability to work; and an explanation included describing how any *unrelated* concurrent disability, when combined with the occupational disease-related disability, affects the employee's ability to work.
- Statement concerning whether maximum medical improvement has been reached; and if so, the nature and extent of any remaining permanent disability.
- Prognosis and recommendations for future medical care.
- Signature of physician (show speciality and if Board-certified) and date.

* Occupational diseases include contagious diseases (e.g., tuberculosis through contact with a co-worker) and other medical conditions characterized by continued and repeated exposure to conditions of the work environment over a period of time. In effect, these medical conditions are slow developing or "latent" injuries which are related to the work place, but not generally occurring at a specific time and place, nor caused by a specific incident or series of events taking place within a single day/shift.

Narrative Medical Reports Made Simple

By Steve Burt, Director of Education

*Reprinted from the
October 2002 Michigan Letter Carrier*

Injured workers lose out on their rightful compensation and medical care entirely too often due to indefinite and sometimes even downright crummy medical reports from their doctors. This is a very unfortunate and readily preventable outcome for a worker with an injury or medical condition arising from factors of his or her employment.

Narrative medical reports are not usually necessary for simple and obvious traumatic injuries with rapid return to work. But the Office of Workers' Compensation Programs will require medical narratives for occupational illness claims, claims where some doubt exists about the worker's version of events, or claims where the disability becomes unexpectedly long and OWCP engages in further claim development. Further development also occurs when a "quick closed" claim exceeds \$1,500 in medical costs or lost work days are incurred with resultant submission of form CA-2a. These are exactly the claims with larger financial and career consequences for the injured worker, making it crucial that a quality medical report is submitted. OWCP will generally give the injured worker a development letter, stating what further information is required, and typically granting the injured worker thirty days to submit or face denial of the claim.

The doctors can be forgiven up to a point, because OWCP demands that the physician be a medical witness to the fact that the patient has an injury or medical condition arising from factors of Postal Service employment. Since the doctor probably never saw the patient performing any postal work, the typical physician would rather stick to medical determinations, and not get involved in a litigation process with a Federal government agency.

Very few doctors would claim any expertise in Postal Service workings, and a growing number of doctors are really skeptical about getting involved with injury compensation claims due to frustrating paperwork, aggravation from Postal management, and delays in receipt of payment. **An effective medical report needs to have four basic qualities, as discussed below:**

Unequivocal Diagnosis

The report needs to explain exactly what the medical condition is, and how the physician perfected the diagnosis. "Wishy washy" or speculative statements such as "possible torn rotator cuff" that reflect uncertainty by the physician or non-medical diagnoses such as "exquisite tenderness" will not factually establish a compensation claim. Appropriate diagnoses by an insufficient medical authority, such as a physician's assistant (PaC) or a mental diagnosis by a master's level counselor (MSW) will not establish compensable injury due to lack of authority under OWCP regulations. Authority problems can be overcome if the supervising physician, clinical psychologist, or psychiatrist will give a concurring signature in addition to that of the therapist.

- Mr. Adams has bilateral calcaneous heel spurs, as visibly demonstrated by examination and confirmed by X-ray.
- Ms. Smith has carpal tunnel syndrome, severe right wrist, moderate left wrist, as established by positive Phalen's and Tinel's sign and definitely confirmed by positive EMG examination.
- Mr. Jones has a torn medial meniscus in the right knee, with obvious crepitus. The diagnosis was further supported by positive sign on MRI examination.

Actual Disability

Disability statements need to confirm exactly what the injured worker can or cannot do, now! Statements such as, "it would not be advisable for the patient to continue walking in the future," "should avoid repetitive work to prevent worsening of symptoms," or "should not pivot" do not establish real, work-related disability. OWCP does not award compensation for future or potential disabilities. Examples of some actual disability statements are found below:

- Due to the patient's disc herniation at L4, with resultant nerve root impingement, Mr. Brown cannot safely lift more than 10 pounds.
- Mr. Johnson will be fully disabled for 4 to 6 weeks, following her recent arthroscopy and knee reconstruction, and will require sit down work for at least six weeks more.
- Due to her powerful phobic reaction to even a photograph of a vicious dog, it is imperative that Ms. Anderson not be employed outside where exposure to canines could occur or an extreme expression of her disabling symptoms is assured.
- Ms. Graham's severe asthma exacerbation followed her occupational exposure to sub-zero temperatures, requiring hospitalization for two days, and extensive inhalation therapy for the following week. She was fully disabled from all work between January 10-19, 2003.

Occupational History

The medical report must demonstrate that the physician understands the occupational demands that gave rise to the injury. Otherwise, how could the doctor connect the medical findings to an occupational origin? Occupational history is not an obvious requirement in the eyes of the physician, unless the injured worker does some educating. A written statement from the injured worker (such as the statement to accompany Form CA-2) makes it very simple for the physician to include a few essential comments about the work performed by the injured worker. Examples of such physician understanding follow below:

- Mr. Green has been a city letter for the past nineteen years. Incumbent in this work is the obvious requirement to walk many miles a day and climb stairs, while carrying a satchel filled with mail matter.
- Ms. Kaminski is a router, a type of letter carrier who cases mail for her whole tour. This exposes her to as much as eight hours of repetitive hand motion as she places mail piece-by-piece into a mail case.
- Mr. Davis must push a large gurney across the parking lot every day to load his mail truck. On the date of the injury he reported that there was six inches of heavy snow in the parking lot, greatly increasing the strain on his previously-injured lower back.

Causal Relationship

Failure to establish the causal relationship between a medical condition and its occupational origin is the primary why major compensation claims go wrong. This problem can seem insurmountable to an injured worker and utterly frustrating to the physician who tries repeatedly to satisfy OWCP. However, if a medical report has developed an unequivocal diagnosis, actual disability findings, and a sound occupational history, it is really quite easy for the physician to connect the injury to the employment due to the creation of a logical frame of reference. The statements that follow show examples of medical rationale leading to very logical conclusions about the occupational origin of the injury or illness.

- Mr. Brown's reported that he experienced severe back pain following the awkward lifting of a heavy fruit parcel from a gurney during the holiday season and that this pain

worsened as he continued delivering more parcels. It is my reasoned medical judgment that the disc herniation at L4 with resultant nerve root impingement arose from the occupational requirement that he lift such parcels. Such lifting would certainly be competent to cause or further aggravate this type of injury.

- Mr. Johnson reports that after he slipped on some painted stairs while delivering his mail route, twisting the right knee, he had immediate swelling. The knee never recovered. Given his lack of previous symptoms, it is my reasoned medical opinion that the severe twisting of the patient's knee was the mechanism that produced this injury.
- After requiring more than seventy stitches to repair the deep wounds on her arms and legs, inflicted by a Pit Bull Terrier on her mail route, I find that Ms. Anderson's powerful phobic reaction to even a photograph of a vicious dog is the unfortunate, but logical consequence of her traumatic occupational injury. Based on her history and clinical presentation, my diagnosis is phobic reaction with severe underlying depression which I attribute to her disfiguring injuries. I am unaware of any other factor in the life of the patient that can adequately explain my clinical findings aside from the occupational origin.
- As noted, Ms. Graham's severe asthma exacerbation followed her occupational exposure to sub-zero temperatures on January 10, 2003 while delivering mail. Exposure to severely cold temperatures is a well established risk factor for asthmatics. The causal relationship between the exposure of this patient while at work to very cold ambient temperature and her immediate, subsequent asthma attack is undeniable.

Concluding Remarks

Remember that the injured worker has one good chance to make a positive impression, both with medical submissions and with any personal answers. So what the injured worker and the medical authorities say the first time has a great bearing on the ultimate development of the claim. OWCP is not a malicious organization. But OWCP is a cautious organization—very cautious about awarding benefits unless the injured worker can prove entitlement. If you truly are an injured Federal worker, work diligently to establish your proofs. Doctors are trained, professional human beings, but they are not gods. If your doctor writes a lame or speculative report, or is totally off point, do not submit it. Go back and tell him or her what you need and what you have at stake. Don't waste that one good chance to make a positive impression.

**Evidence Required in Support of a Claim
for Occupational Disease**

U.S. Department of Labor
Office of Workers' Compensation Programs



All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors; for instance weights carried, distances walked, chemicals used, or other relevant job actions.		5. Review and comment on employee's statement provided in response to Item no. 1.	
2. Give the history of the condition: from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.		6. If employee's job differs from official description, describe exactly his/her duties.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.		7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.		8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.	

Occupational disease or illness claims



Bert Doyle

Note: This article updates and replaces an article in the February 1991 issue.

The Office of Workers' Compensation Programs defines an "occupational disease or illness" as a medical condition produced in the work environment *over a period longer than a single workday or shift* by such factors as systemic infection; continued or repeated stress or strain; or exposure to hazardous elements such as, but not limited to, toxins, poisons, fumes, noise, particulates or radiation, or other continued or repeated conditions or factors of the work environment.

A claim based on an occupational disease is filed with OWCP on Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation"—and it must be kept in mind that the *employee* has the burden of proving that the occupational disease is causally related to the employment (survivors have the same burden in death cases).

The term "causally related," as used in workers' compensation, means "proximately caused"—and "proximately caused" is recognized to mean *closely related, as a result of, or following—in addition to direct cause.*

As a general rule, a claim based on an occupational disease is considerably more difficult to prove than a claim based on a traumatic injury; and to be successful in pursuing a claim with OWCP, an employee must provide two basic documents:

■ **Factual statement**—A detailed statement, dated and signed by the employee, describing the conditions or factors of employment believed to be the cause of the occupational disease—and the period of time involved. Depending on the specific claim being made, the statement should include such items as the length and description of routes, number of stops, temperature and/or other weather conditions, number of mail bags lifted per day, average weight of mail bags, nature and origin of toxins, etc. A description of the *specific* duties of the employee making the claim is of more value than a general description of duties.

■ **Medical report**—A detailed *narrative* medical report from the employee's attending physician—dated and signed on the physician's stationery and containing (in addition to dates of examination and treatment, descriptions of tests given, results of x-rays, etc.) the following *five* key items:

1. A written statement by the physician reflecting knowledge of the employee's conditions of employment believed to be the cause of the claimed medical condition and result-

ing disability. The physician should ideally include or attach a copy of a written statement prepared by the employee describing the conditions of employment; and the physician should reference the employee's statement with opening remarks such as:

"I have read the statement dated _____ prepared by _____ regarding the conditions of employment at _____ during the period from _____ to _____."

2. Definitive (i.e., conclusive) diagnosis (*no impressions*).

3. Opinion in definitive (i.e., conclusive) terms (*no speculations*): Was diagnosis caused, permanently or temporarily aggravated, accelerated (hastened), or precipitated by the conditions of employment described by the employee? If only a temporary aggravation, acceleration or precipitation—then the opinion must specify the length of time involved.

4. Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion?). This is *very important* and should include a discussion of the pathological or other medical relationship between the diagnosis and the conditions of employment and an explanation of how any test results formed a basis for the opinion.

5. Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability is total or partial, and if partial (as opposed to total disability for work as a letter carrier), the work limitations involved in working while partially disabled.

Frame of reference: As will be noted from the above, the factual statement and medical report are related. Without the factual statement, the physician does not have a proper "frame of reference" for his or her medical opinion—and many claims fail because a physician has furnished a medical report that does not reflect (see item 1 above) full knowledge of the conditions of employment.

Positive medical opinion: Many claims also fail because the diagnosis and/or medical opinion (items 2 and 3 above) are not provided in positive terms. A speculative diagnosis is worthless, as is a medical opinion couched in wishy-washy language (i.e., terms such as "might be related" or "could very possibly be related" are of no value).

Medical rationale critical: Finally, unless medical rationale is provided by the physician (item 4 above), adjudication of the claim will be delayed until OWCP is satisfied that a full explanation of the basis of the physician's medical opinion is in the case record—or the claim will in all probability fail.

Further information on causal relationship and medical rationale is provided in Compensation Department articles in the March through June 1996 issues of *The Postal Record*. ☐

Proving causal relationship—reprise



Bert Doyle

More than any other reason, claims under the Federal Employees' Compensation Act are denied because of a lack of rationalized medical evidence based on an accurate history establishing that the disability claimed is causally related to the claimed injury or conditions of employment.

This has been the subject of previous Compensation Department articles, most recently a series of articles in the March through June 1996 issues of *The Postal Record*—and this article reprises the April 1996 article that stressed the need for obtaining the right kind of medical evidence.

There are five critical items which *must* be included in the medical evidence supporting all but the most obvious claim filed with the Office of Workers' Compensation Programs. Because the burden of proof is on the employee, the employee must ensure that these items are provided by his or her attending physician (preferably an appropriate medical specialist).

OWCP forms designed for obtaining medical evidence in instances of a routine traumatic injury, such as OWCP Form CA-20, will not suffice for these claims—the medical evidence *must* be in the form of a narrative medical report, dated and signed on the physician's stationery (and including dates of examination and treatment, description of tests given, results of x-rays, etc.) as follows:

1. A written statement by the physician reflecting knowledge of the employee's injury or conditions of employment believed to be the cause of the claimed medical condition and resulting disability. The physician should ideally include or attach a copy of a written statement prepared by the employee describing the injury or conditions of employment; and the physician should reference the employee's statement with opening remarks such as:

■ "I have read the statement dated _____ prepared by _____ regarding the injury sustained on _____."

or (if applicable):

■ "I have read the statement dated _____ prepared by _____ regarding the conditions of employment at _____ during the period from _____ to _____."

2. Definitive (i.e., conclusive) diagnosis (*no impressions*).

3. Opinion in definitive (i.e., conclusive) terms (*no speculation*): Was diagnosis caused, permanently or temporarily

aggravated, accelerated (hastened), or precipitated by the injury of conditions of employment described by the employee? If only a temporary aggravation, acceleration or precipitation—then the opinion must specify the length of time involved.

4. Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion? This is *very important* and should include a discussion of the pathological or other medical relationship between the diagnosis and the injury or conditions of employment and an explanation of how any test results formed a basis for the opinion.

5. Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability is total or partial, and if partial (as opposed to total disability for

There are five critical items which must be included in the medical evidence supporting all but the most obvious claim filed with OWCP.

work as a letter carrier), the work limitations involved in working while partially disabled.

Many claims fail because a physician's medical report does not contain all of the above items—the first one necessary in order to prove to OWCP that the physician has been provided with an accurate "frame of reference" for his or her opinion.

The second and third items must be provided in positive terms—a speculative diagnosis is worthless, and medical opinions containing words such as "might be related" or "could possibly be related" are speculative and of no value.

Finally, and excepting cases where the causal relationship is obvious, unless the fourth item (medical rationale) is provided, adjudication of the claim will be delayed until OWCP is satisfied that a full explanation of the basis of the physician's medical opinion is in the case record—or the claim will in all probability fail.

Additional information on medical rationale is provided in the May and June 1996 issues of *The Postal Record*. ☐

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? **A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED.** Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.



Employee narratives

When filing a claim for workers' compensation, it is generally necessary to develop two different types of employee narrative. The first would involve a step by step breakdown of your job duties for your doctor to refer to. You should keep in mind that most people do not understand what must take place for mail to show up in their mailbox. Avoid "postal phrases" when explaining your job to your physician. The second narrative will focus on what parts of your job you find to be responsible for either causing or aggravating the medical condition that you are claiming as an occupational disease.

An appropriate narrative for your physician should include information such as:

Upon reporting for work, retrieve mail from designated location and place on mail case ledge, cutting strings, straps, bands, etc... as appropriate for returning equipment to its proper location. While standing the entire time, pick up fold/crease newspaper sized articles to fit into one or two inch separations on a mail case twisting to reach as necessary. The mail case has approximately four hundred separations in a "U" shaped configuration. The bottom shelf is approximately three feet from the floor and extends upward to approximately six feet, with six shelves. This movement/action is repeated until all flats (newspaper type items) are inserted into the mail case. On my route I repeat this motion approximately ... (number of flats that you fold on your route and the number of hours normally spent casing).

Pick up handful of letters and hold in one hand with the other hand taking individual letter pieces to insert into the one or two inch separations of the mail case. This action is repeated (number of letter sized items on your route and the number of hours spent casing). Any other items which can be cased into the mail case of odd size or shape will be sorted.

Parcel post hamper is then retrieved from its designated location and brought to the mail case where parcels are arranged in delivery sequence. Once all mail is inserted into the mail case, it is extracted from the case by pulling down the individual customer's mail from the one or two inch separations. This mail is held, tied, bundled, banded, or compressed by straps or containers until all mail that has previously been inserted into the mail case has been extracted into delivery sequence.

The mail (now in bundles, trays, etc...) is now taken to the vehicle and loaded using a heavily laden cart. The carrier drives to the first delivery point or park and loop location (describe the type of route you have, i.e., mounted, park and loop, business or VIM. Include information such as number of miles and/or hours walking, carrying a satchel weighing up to 35 pounds, etc...) You will now need to describe the delivery process for your particular type of route. As an example, the carrier arrives at the first delivery point and pulls up the mailbox or begins the park and loop process. The mail for that delivery is gathered and combined into one bundle to be inserted into the mailbox. Any outgoing mail is also collected and placed in the vehicle, push cart or satchel. At that point, the carrier drives/walks to the next delivery point. This is a typical action that is repeated (insert number of deliveries/boxes on your route).

Upon return to the office, the mail collected from patrons on the route and other items that need to be brought to the post office are again loaded onto a conveyance and transported to the designated work location.

The above sample will be useful for most occupational repetitive motion injury claims. Some conditions will need a more detailed description of other types of events. The sample is not meant to be used for each and every situation, but is being provided as a template for you to use.

In providing an employee narrative for a traumatic injury claim, focus should be on providing the specific date, time and location of the incident. A clear picture of what occurred should be given.

For example, if you are in a car accident on the route, you would want to say that on October 10, 2001, I was traveling west on Main Street at 10:05 a.m. A vehicle ran through a stop sign and collided with my vehicle on the passenger side. (Enclosed is the police report or insurance information). My left shoulder struck the driver door, my right knee struck the steering wheel and my neck was whipped back and forth.

The next issue of *The Postal Record* will contain a sample narrative for the information that is required from your physician in support of a workers' compensation claim. ☒

Accepted Definitions by the Office of Worker's Compensation:

DISABILITY:

Means the incapacity, because of the employment injury, to earn the wages the employee was receiving at the time of injury.

CAUSAL RELATIONSHIP:

To a physician, "cause" may refer only to direct or principal cause, but for the law of Workers Compensation, a variety of contributing causes must be considered. Under the Federal Employee's Compensation Act, any disease or disability is compensable when it is proximately caused or materially aggravated by an employment-related injury or condition(s) of employment. Proximate cause is that which, in a natural and continuous sequence, produces the disability. However, natural progression of a disease while a person is working does NOT constitute cause or aggravation. For conditions of employment to bring about aggravation of an underlying disease, the employment factors must be capable of aggravating or accelerating the disease.

PRECIPITATION:

A situation whereby an individual has a predisposition (tendency) to develop a particular condition, but did not actually have the condition or symptoms before the impact of a job incident or exposure.

ACCELERATION:

A documented physiological mechanism or process by which an occupational act, exposure, or occurrence can be shown to have increased the expected speed of progression in a pre-existing condition documented to be progressive in nature, such as asbestosis.

AGGRAVATION:

TEMPORARY AGGRAVATION:

The pre-existing condition is worsened or made more severe for a time with no residual alteration of the underlying condition and without leaving any continuing impairment beyond that time.

PERMANENT AGGRAVATION:

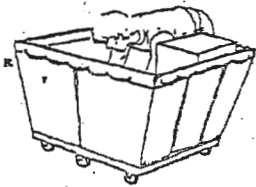
There is a continuing and irreversible change in the underlying condition, thus adversely altering the course of the condition or disease process.

City Letter Carrier Duties

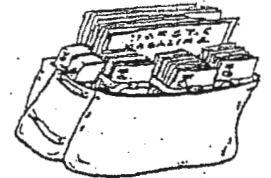
As a letter carrier I am responsible to 'case' my mail (letters, magazines etc.) in delivery sequence. Casing involves standing and twisting while placing mail into the appropriate slot. Mail is placed in trays, tubs or set directly on the floor. These trays/tubs weigh approximately 15-20 pounds and I have to lift them to place the mail onto the case ledge so I can sort the mail. As you can see from the diagram, I am enclosed by the equipment. I have three pieces of equipment; the left, right and center, and I spend approximately 1 to 2 hours casing up my route. After the mail is cased, I pull the mail down into straps/trays. The mail trays can weigh up to 70 pounds. The casing and pull down of mail requires repetitive bending, lifting, stooping and twisting with weights. In addition to the regular mail, I am often required to prepare bundles of circulars for delivery which are often bulky and heavy.



I then have to retrieve a hamper full of parcels, push it over to my case and sort the parcels. I do this by repeatedly bending, stooping, and picking up parcels and placing them in delivery sequence into tubs. All of my prepared mail, parcels and any third bundles go into the hamper where it is pushed, usually overflowing, out onto the dock. Once at the postal vehicle (LLV), I am required to reach into the hamper, remove the trayed and strapped mail and load the vehicle so it's in delivery order. This action usually requires bending deeply into the hamper, to reach the trays, straps and parcels, then lifting them which could weigh up to 70 pounds up over the top of the hamper and finally twisting to place them into the vehicle.



I have a mixture of curb side and park-n-loop delivery. Park-n-loop delivery requires placing a satchel of mail weighing up to 35 pounds on my left shoulder and walking with this weight (gets lighter as the street is delivered). I repeat this for every park-n-loop street.



On my current route this takes approximately 3-4 hours to deliver every day.

The route before this one was all walking and took about 7 hours. Most houses have at least one step, some up to 8 that I have to climb up to reach the mailbox. Once at the mailbox I pivot/twist and then come back down. I currently walk on approximately 13 miles a day and climb about 1000 steps.

During curbside and park-n-loop delivery, I am required to get in and out of the LLV repeatedly during the course of the day. In order to do this I have to step down onto the step (which is about 1-1 1/2 feet off the ground) and then step down to the ground. When retrieving parcels, I have to dismount from the vehicle, bend, squat and lift the parcel (which can weigh up to 70 pounds) and carry it to the door, usually up steps.

A few years back I was on an all walking route, and just about every house has steps that were 10-14 inches high. Within three months of doing this route my knees were burning by the end of every work day. I was able to bid off that route a few months later and I noticed my knees weren't burning by the end of every day.

I have been a letter carrier since 2001 and I roll my ankle approximately 2-3 times a week and I fall about twice a year usually landing on my hands and knees. One of my worst falls happened on 12/4/2013. As I lifted my left leg to step down off a porch, my right ankle rolled. I fell extremely hard onto both knees and hands that I sustained abrasions to both knees, tore my pants at both knees and had raspberry abrasions on my palms. I did end up with a sprained ankle with this fall, but never considered what damage this may have done to my knees. I have fallen since (approximately twice per year) and usually sustain abrasions to my knees/hands. In September 2015, my knees started hurting by the end of my route. I would go home, put an ace bandage on

and prop it up. The following morning I seemed to be fine, but by the end of my work day they were hurting again. On October 9, 2015, I did my full route plus over an hour of walking on another route. My knees were hurting so bad by the time I returned to the Post Office that I was visibly limping. I drove home, opened the door and as I went to step into the house my left knee 'popped'. The pain was unbearable. I tried to get into the house but I couldn't put any weight on my left leg. I literally couldn't move without being in significant pain. I was on crutches for two weeks and went back to work on restrictions. My primary wouldn't extend my restrictions without seeing me but they couldn't get me in for a few days after the restrictions expired. The first day working full duty, my right knee popped as I stepped out of my LLV to deliver a package. This pain wasn't as intense as the left knee. I was able to breathe through the pain and after a few minutes I was able to put weight on it and walk with a limp.

Letter Carrier's Job Description...

This is an example to use for your own statement.

Take with you to your doctor to show what a letter carrier actually does.

When a doctor is writing out a limited duty form, he may not know what a letter carrier actually does.

The following information was reprinted from the *E.A. Baker Union Update* (Sept. 1989), Branch 782, Bakersfield, Ca.

The information was modified from information handed out by Assistant National Business Agent Murray Cannon at a training program conducted in Bakersfield. It is a fairly descriptive account of what this job of delivering the mail entails. It is by no means an exhaustive listing, and each individual may do things a little differently than this depending on the jobs that they do, but it gives you a good idea of what you can tell friends, doctors, etc., if they ask what it is that you do on the job as a letter carrier.

A letter carrier is responsible for preparing letter size and magazine size mail (flats) for delivery sequence.

The preparation of mail for delivery requires standing for approximately three (3) to four (4) hours — and on a few occasions up to six (6) hours. In order to accomplish this, the letter carrier is required to lift trays of letters weighing approximately 15 to 20 pounds, and place them on a ledge where he or she can sort them into the letter case.

The preparation of flats requires picking up about six inches of this mail type, placing them on the left forearm, and inserting them into flat size separations. Once the casing procedure is completed, the flats are trayed. This tray of flats can weigh up to 70 pounds. The casing and pulling down of mail requires repetitive bending, lifting, stooping, and twisting with weights. In addition to the normal mail, the letter carrier is often required to prepare bundles of circulars (e.g. ADVOS) for delivery. These circulars are

often bulky and heavy.

Once the mail is prepared and is being pulled down, the letter carrier is required to load the mail for delivery into a hamper, which allows the movement of the mail to the delivery vehicle. Once at the delivery vehicle, the letter carrier is required to reach into the hamper to remove the trayed letters and flats. This action may require bending deeply into the hamper to reach the trays, then lifting the trays which could weigh up to 70 pounds up over the top of the hamper and finally twisting to place the tray in the vehicle.

The mail must be placed in the delivery vehicle in reverse order of delivery so that the last mail placed there is the first delivered. The loading process also requires bending, stretching, and lifting with loads of mail. Once the vehicle is loaded, the letter carrier is required to drive to the first delivery point and initiate delivery.

If the letter carrier delivers mail on a "walk-out" route, he/she pulls the mail down, and loads as much as instructed into a satchel, or a satchel cart. Once this mail is delivered, the letter carrier has usually arrived at some type of a "relay" box. This requires the letter carrier to bend and squat to pull the mail which has been transported from the station to that location by another employee, and place that mail in the satchel for continued deliveries until arrival at the next relay location. This process continues throughout the day.

Some letter carriers may have a mixture of curbside delivery or park-and-loop delivery. The park-and-loop delivery may be accomplished through the use of a satchel cart, or through the use of a shoulder satchel.

The curbside delivery is done from the jeep while seated, but requires a twisting motion from the waist up as well as bending and stretching and reaching from the driver's seat.

The park-and-loop deliveries requires placement of a satchel of mail weighing up to 35 pounds on the letter carrier's shoulder and walking with these weights to each delivery point until all the mail has been delivered. This usually takes the letter carrier back to the delivery vehicle where the process is repeated for another park-and-loop. When the mail has been delivered, the letter carrier drives to the next park-and-loop location and continues.

During the park-and-loop delivery, the letter carrier is required to get in and out of the vehicle repeatedly during the course of the day. It requires that he/she step up onto the floorboard of the vehicle (which is about one and one-half feet off the ground) on numerous occasions.

If the letter carrier uses a satchel cart, the cart must be pushed throughout the course of delivery, loaded with the mail for the sections of the route delivered. The mail is loaded into the satchel, and there is no 35 pound weight limit which applies when using the satchel cart.

In addition to the mail that is sorted in the office for delivery, the letter carrier is required to deliver parcels weighing up to 60 pounds to any given delivery point. This activity also requires bending and squatting, lifting, dismounting from the vehicle, walking up to the delivery point, and sometimes standing and waiting for a response from a resident. Additionally, on many occasions, the resident is not home. This requires the letter carrier to put the parcel down, fill out a form to advise the resident of the attempted delivery, pick up the parcel once more, return to the vehicle with the parcel, and continue with the assigned duties.

After completion of the delivery of the mail, the letter carrier is required to return to the office, unload empty equipment, carry the equipment up the loading ramp into the office, and put up any afternoon mail that is available for delivery for the next day.

In summary, a letter carrier is responsible for delivery and collection of mail and parcel post on foot or by vehicle in all kinds of weather. He or she may be required to drive a motor vehicle in all kinds of traffic and road conditions; to carry on their shoulders loads weighing up to 35 pounds, and to load and unload from trucks sacks of mail weighing up to 70 pounds; and to mount and dismount from a jeep or other delivery vehicle on numerous occasions during the delivery day. Letter carriers must also be able to sustain prolonged periods of standing, reaching, bending, twisting, stooping, and walking.

Supervisor Contact with Employee's Physician

From The Employee & Labor Relations Manual:

343.223 In all other instances, including cases in which the employee declines treatment by the medical unit, the employee must be referred to a private physician or hospital of choice as provided by the FECA. In nonemergency situations, a postal supervisor is not authorized to accompany the employee to a medical facility or physician's office.

543.31 Medical unit or other USPS personnel must not interfere with the medical care prescribed by the employee's attending physician. Contact with a physician or physician's staff should be limited to the medical condition of the employee or the employee's ability to return to full or limited duty.