

**Victor G. Alberigi**

*CRC, LPC, LSW  
Vocational Expert*

Ph: [REDACTED] or [REDACTED]  
Fax: [REDACTED]

[REDACTED]

[REDACTED]

RE: [REDACTED]  
Date of Accident: [REDACTED]  
Date of Birth: [REDACTED]

Dear Attorney [REDACTED]:

This report has been compiled in response to your request for a review of documents forwarded with your correspondence of [REDACTED], and the records you enclosed, and a vocational opinion of such documents, concerning the potential employability of plaintiff, [REDACTED] who was involved in an MVA on [REDACTED].

The documents furnished for review were:

1. A Residual Employability Assessment, dated, [REDACTED], from [REDACTED], M.S., LPC, CDMS, of [REDACTED], Inc.
2. An IME report, dated, [REDACTED], from [REDACTED], MD, Orthopedic Surgeon.
3. An IME, dated [REDACTED], from [REDACTED], Psychiatrist.
4. Three reports from [REDACTED], RN, CLCP, MSCC, CGCM, of [REDACTED], which were for the purpose of rendering an estimate of future medical care costs for Ms. [REDACTED].
5. A civil action complaint No.: 397-Civil-2011 filed by [REDACTED], Esquire & [REDACTED], Esquire, attorneys for plaintiff, [REDACTED], v. [REDACTED], defendants.
6. A report dated [REDACTED] detailing the deposition of [REDACTED] taken on [REDACTED] in [REDACTED].

In reviewing the IME report of Dr. [REDACTED], which was dated after the submission of Ms. [REDACTED]'s report and thus was not available for her review, it is noted that Ms. [REDACTED] was 40 years of age at the time of the IME. It is confirmed that Ms. [REDACTED] was driving a car of [REDACTED] and involved in a collision and taken to [REDACTED], Scranton via ambulance. Dr. [REDACTED] indicates that Ms. [REDACTED] had several operative interventions, to include: plate fixation for a right ankle fracture; soft tissue repair for a right knee laceration and surgery for left femur and left hip. Ms. [REDACTED] also required two additional surgeries for her left hip.

Dr. [REDACTED] indicated that at the current time Ms. [REDACTED]'s primary problem "is that of right ankle pain and swelling," and a "feeling of instability of the right ankle." Dr. [REDACTED] reports "right ankle symptomatology is increased by prolonged periods of standing and walking, with her discomfort being decreased by leg elevation and medication." Ms. [REDACTED]'s secondary problem is that of left lateral hip pain, which radiates to the left femur. The hip pain is increased by walking. Medications used for pain relief are MS CONTIN, taken two to three times per day and Oxycodone, taken three to four times per day. Dosages were not detailed.

Ms. [REDACTED] also has intermittent low back pain which is increased by walking. This symptom is decreased by resting. Other medications being prescribed are Effexor XR and Ambien. Dr. [REDACTED] indicated that he believed that Ms. [REDACTED] has reached maximal medical improvement status post [REDACTED] MVA related injuries. He also detailed medical recommendations and indicated work restrictions of a "sedentary to light duty status." He noticed that he would "allow the patient to walk throughout a work shift as tolerated and allow frequent lifting of five pounds and never greater than fifteen pounds."

Dr. [REDACTED] authored an independent psychiatric evaluation, dated [REDACTED], in which he noted a review of many medical records, as well as a summary of a deposition of [REDACTED]. Reportedly Ms. [REDACTED] had taken prescription medication of Ambien, a sleep aide, the night before the deposition and Percocet, on the day of the testimony. Dr. [REDACTED] indicated that in the deposition that Ms. [REDACTED] noted that she "has difficulty showering and needs help from her daughter to shower." Ms. [REDACTED] also indicated that the result of the MVA have restricted her from a variety of activities with her children, to include difficulty with shopping, attending her children's social and recreational events, fear of driving, etc.

Dr. [REDACTED]'s review of records from [REDACTED], dated [REDACTED] indicated "no unusual anxiety or evidence of depression", with an office note of [REDACTED] indicating "no evidence of psychiatric illness and/or trauma either before or past accident."

Ms. [REDACTED] was evaluated by Dr. [REDACTED] on [REDACTED] and [REDACTED] and referred for psychotherapy and management at [REDACTED], Honesdale as it is more accessible for Ms. [REDACTED]. Dr. [REDACTED] noted that Ms. [REDACTED] experiences anxiety while driving, as well as "smell of a burning odor", as her vehicle caught fire as a result of the MVA. Dr. [REDACTED] indicates that Ms. [REDACTED] experiences severe panic attacks, tearfulness, a feeling of not being able to breathe and a rapid heart rate, as well as irritability.

Dr. [REDACTED] noted that Ms. [REDACTED]'s primary care physician with [REDACTED], Dr. [REDACTED] has prescribed 30 mg of Oxycodone, four times per day. Dr. [REDACTED] noted that Ms. [REDACTED] "has been a heavy user of cocaine in the past and had a \$400 per day habit." He also noted that Ms. [REDACTED] was found "positive for cocaine on admission" from the [REDACTED] facility. Dr. [REDACTED] noted that Ms. [REDACTED] "admitted to one relapse in the last several years and has been clean and sober since the accident."

Dr. [REDACTED] indicates that Ms. [REDACTED] "appears to be of average intelligence" and offers the following diagnoses:

AXIS I: Major Depressive Disorder and Post Traumatic Stress Disorder.

AXIS II: Deferred

AXIS III: MVA, chronic pain.

AXIS IV: Limited income, limited support, single parent, ongoing post-traumatic stress symptoms.

AXIS V: GAF: 55

A Global Assessment of Functioning (GAF) of 55 is depicted in the DSM-IV as: "Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers)."

Dr. [REDACTED] later provides a GAF score of between 55 and 60, which is considered to allow for work activities per Social Security determinations. A copy of the DSM-IV definitions of GAF scores is attached to this report.

Dr. [REDACTED] describes Ms. [REDACTED] as a "very nervous driver; has crying spells, anxiety, nightmares; flashbacks of the MVA, irritability, frustration, and can become short tempered." Dr. [REDACTED] says that Ms. [REDACTED] "shifted her position due to physical discomfort" during the psychiatric interview. Dr. [REDACTED] indicated that Ms. [REDACTED] is experiencing Post-Traumatic Stress Disorder as well as Major Depression, with symptoms of depression, decreased energy and motivation, anhedonia, anergia, becoming easily overwhelmed, and a general sense of sadness.

Dr. [REDACTED] perceives Ms. [REDACTED] as having "a variety of factors that negatively impact her ability to obtain and maintain gainful employment." These factors are noted to include: difficulty in driving to a workplace; interacting with the public as well as coworkers; the ability to maintain concentration and focus on the task at hand. Dr. [REDACTED] also indicates that Ms. [REDACTED] "has difficulty with issues of self-esteem and personal image" as a result of the MVA.

I will now turn my attention to the Residual Employability Assessment performed by [REDACTED], rehabilitation counselor. Ms. [REDACTED]'s report to attorney [REDACTED], dated [REDACTED], was authored prior to the IME reports of Dr. [REDACTED] and Dr. [REDACTED], with these reports unavailable for Ms. [REDACTED]'s review and consideration prior to her performing her Residual Employability Assessment.

Ms. [REDACTED] indicated that she conducted an interview with Ms. [REDACTED] at the offices of [REDACTED], Kingston on [REDACTED]. The plaintiff resides in Hawley, PA. Per MapQuest, the distance between the plaintiffs' home in [REDACTED] and the offices of [REDACTED] in [REDACTED] is 51.76 miles with an estimated one way commute time of one hour and thirteen minutes. Ms. [REDACTED] was accompanied to this interview by a friend, [REDACTED]. I am unaware of who drove the vehicle from [REDACTED] to [REDACTED]. Ms. [REDACTED] indicated that Ms. [REDACTED] is able to drive a fifteen to twenty minute distance, citing the example of travelling from [REDACTED] to [REDACTED]. Ms. [REDACTED] indicated that she is "unable to ride as a passenger" since her MVA, as she becomes "extremely anxious and riddled with panic."

Ms. [REDACTED] noticed that Ms. [REDACTED] graduated from [REDACTED] [REDACTED] [REDACTED], Weehawken NJ, in [REDACTED], describing herself as an "average student, encountering no academic difficulties." She then furthered her studies from [REDACTED]-[REDACTED] attending the Betty Owen Secretarial School, Jersey City, NJ. This was a six month program, where in "Ms. [REDACTED] obtained training and skills associated with office procedures and operations." She completed the program, obtaining a "Certificate of Completion". Ms. [REDACTED] advised that Ms. [REDACTED] "has no difficulty reading, writing, or performing mathematical computations" and "is familiar with the keyboard, and is able to type." She has access to a home computer and utilizes it for email or accessing the web. Ms. [REDACTED] noted that Ms. [REDACTED] is "unable to type with a high rate of speed and proficiency and is not familiar with the intricacies of Windows platform or Microsoft Office software package."

Ms. [REDACTED] describes several jobs held by Ms. [REDACTED], which ranged from a deli clerk, store cashier, waitress, hotel night auditor, retail sales clerk, all of which were held since Ms. [REDACTED] moved from [REDACTED] [REDACTED] to [REDACTED]. While still living in [REDACTED] [REDACTED] she worked for two years as a book keeper, and after relocating to [REDACTED] worked as a store cashier, and for H&R Block as a receptionist. The positions of a hotel night auditor, book keeper, and receptionist are all classified as sedentary by the Dictionary of Occupational Titles, (DOT) in most of the descriptions in the DOT. The DOT describes most receptionist positions as being classified as semi-skilled, with all bookkeeper positions classified as sedentary and semi-skilled to primarily skilled in nature. As the night auditor position was only held for a short period of time, as Ms. [REDACTED] needed to leave the position due to child care issues, it is likely not vocationally relevant.

Ms. [REDACTED] indicated that Ms. [REDACTED] was able to lift and carry a five pound bag of sugar & pour a gallon of milk, known weigh approximately eight pounds. Ms. [REDACTED] was described as being right hand dominant and has "no difficulty utilizing her hands or fingers for simple grasping or gross manipulation."

Ms. [REDACTED] noted that Ms. [REDACTED] described variety of psychological issues as a result of the MVA, to include: becoming easily frustrated and aggravated; having panic attacks; crying; having flashbacks and nightmares and difficulty with focus and concentration.

With regards to employability issues, Ms. [REDACTED] noted that a treating orthopedic surgeon of Ms. [REDACTED], Dr. [REDACTED] was "of the opinion that Ms. [REDACTED] is unable to return to her prior work as waitress, but may be able to work in a modified position with limited activity." It is

unknown as to whether Ms. [REDACTED] ever sought vocational rehabilitation from the Pennsylvania Office of Vocational Rehabilitation, (OVR).

Ms. [REDACTED] takes issue with Dr. [REDACTED] assessment that Ms. [REDACTED] may be able to be employed in a “modified position with limited activity” and indicates that it is “her opinion that Ms. [REDACTED] does not possess the necessary elements to meet the components of competitive gainful employment.” Ms. [REDACTED] points to the fact that Ms. [REDACTED] was granted social security disability as of [REDACTED] to support her opinion. It is recognized that only full time and not part time work is considered relevant in social security disability determinations. Thus there is no consideration given to part time employment in social security disability proceedings. Apparently Ms. [REDACTED] also did not consider part time employment as an option in her Residual Employability Assessment.

Ms. Ms. [REDACTED] indicates that being born in 1972, Ms [REDACTED]’s retirement age would be at 67. She also indicates that “when considering straight mathematical calculations, at the age of 40, Ms. [REDACTED] would have 37 remaining years until the age of 67.” This mathematical calculation is inaccurate as Ms. [REDACTED] would actually have 27 remaining years until the age of 67. Thus, the calculation is rendered by Ms. [REDACTED] on page 33 of her report would need to be revised, to reflect the ten year difference.

Ms. [REDACTED] indicates on page 32 of her report that “according to the 2010 Gamboa Gibson Work life Tables, utilizing data obtained from the United States Bureau of Census, Current Population Survey, a female of 40 years of age with a high school education who is not disabled would have a work life of expectancy of 19.5 years” & it is estimated that “with a total vocational disability, Ms. [REDACTED] would suffer a loss of 19.5 years of her remaining work life expectancy”. Ms. [REDACTED] notes that “this figure takes into consideration and is a measure of the number of years an individual is expected to be in the labor force, while taking into consideration periods of inactivity during working years prior to final retirement”.

The difference between the discrepancy between the 27 year of work life expectancy, using social security retirement age & the 19.5 years of work life expectancy using the 2010 Gamboa Gibson Work life Tables, is not made clear. Thus, I am not certain which work life estimate Ms. [REDACTED] used for her computation of the estimated wage loss.

Additionally, there has been professional debate concerning the accuracy of Gamboa Gibson Work Life Tables. I have attached professional articles regarding the various issues which have been raised concerning the accuracy of the Gamboa Gibson Work Life Tables. Some of the concerns/ issues which have been raised, include, but are not limited to:

- a. Thomas R. Ireland, Professor of Economics, University of Missouri, noted in a 2009 article in the Journal of Legal Economics, entitled “Why the Gamboa-Gibson Work-Life Expectancy Tables are Without Merit”, that basic problems of the Gamboa-Gibson Work Life Tables, include:

- (1) The government sources from which the numbers are calculated are not reliable sources for measuring the prevalence of permanent disabilities and were not designed for the purposes of measuring the prevalence of permanent disabilities.

(2) The LPE method used by Gamboa and Gibson for deriving disability work-life tables from underlying government sources is not a valid methodology for doing so.

(3) Even if the underlying government sources were reliable for the purpose of measuring disability and the method used to derive disability work-life tables was a valid methodology, the data itself would be for a wide variety of disabilities and not applicable to an individual with a particular disability.

In short, they used the wrong method with the wrong data and produced results that would not be applicable to a person with a specific disability even if the results were accurate in general.

Another source of criticism regarding the accuracy of the Gamboa-Gibson Work-Life Tables is from Jerome M. Staller, Ph.D., of The Center for Forensic Economic Studies, with this 2006 article from the Medical Malpractice Law & Strategy, also attached. Some of the issues and points of consideration made in this article are:

- a. Anthony M. Gamboa, Jr. of Vocational Econometrics Inc. (VEI) has produced a new edition of his New Work life Expectancy Tables (the Tables), which purport to show, using statistical averages, how much work loss an injury will cause over the injured person's lifetime. The Tables are used almost exclusively by plaintiffs to establish damages, especially plaintiffs who have been injured and expect to return to work, or who have missed no work at all at the time of trial.
- b. Previous editions of the Tables have been vehemently criticized as unreliable. Several critics have published exhaustive analyses concluding, convincingly, that previous Tables fail numerous tests of reliability (see, for example, Skoog, Gary R., and David Toppino, "Disability and the New Work life Expectancy Tables From Vocational Econometrics, 1998: A Critical Analysis," Journal of Forensic Economics, 1999 12 (3), 239-254)
- c. Some of the reasons the new Tables are vulnerable to a challenge, notwithstanding new data from the ACS:

The ACS, like the CPS, is a cross-sectional survey. It simply provides a "snapshot" of the survey population in a particular year. The experiences of participants are not tracked over time. Therefore, the ACS does not capture those who might be considered disabled who lost some amount of work for whatever reason but subsequently returned to the workforce (the specific population that the Tables purportedly measure), or those who missed no work but may or may not miss work in the future. Neither the CPS data nor the ACS data capture any changes in condition.

The Tables tacitly assume that any disability the plaintiff might suffer is the direct result of the tort at issue and that the disability is permanent. The Tables fail to account for any disability that might have been present prior to the tort at issue. Similarly, the Tables ignore the possibility that the plaintiff may suffer a future injury unrelated to the tort.

The ACS, like the CPS, relies on self-reporting of a disability. Respondents themselves report whether or not they are "disabled." Self-reporting is a notoriously unreliable method of gathering data on disability. (See Bound, John, "Self-Reported Versus Objective Measures of Health and Retirement," Journal of Human Resources 26(1) pp. 106-138)

The ACS considers only broad categories of physical and mental problems, not specific, sharply defined conditions. Respondents are asked if they experience 1) blindness, deafness, severe hearing or sight impairment; 2) limitations on basic physical activities such as walking, climbing stairs, reaching lifting or carrying; 3) difficulty learning, remembering or concentrating due to a disability lasting six months or more; or 4) difficulty dressing, bathing or getting around inside the home due to a disability lasting six months or more.

"Work" in the ACS is vaguely defined. Specific job requirements are not considered.

Many courts have rejected testimony based on the Tables as unreliable, but the testimony has been allowed by many other courts. One court that did reject the testimony on the basis that the Tables were unreliable was the Supreme Court of Nebraska in Phillips v. Industrial Machine, 257 Neb. 265; 597 N.W.2d 377 (1999)

Blanket assumptions. The methodology assumes that any injury will result in lost work life.

On page 31 of her report, Ms. [REDACTED] indicates that she utilized the May 2011 Pennsylvania Occupational Wage Survey, specific to the Pocono Region, which includes [REDACTED], where Ms. [REDACTED] resides, to obtain wage information concerning her calculation of estimated wage loss. It was noted that the median wages for a waitress is \$18,290/ year, with wages for an experienced waitress being \$20,200/ year. It was also noted that the median wages for a cashier was \$18,590/ year, with an experienced cashier being \$20,670/ year. The term "median" is used in statistics to describe the "mid-point" in a frequency distribution, with half of the distribution being above the median and half being under the median point. In this case [REDACTED] does not then detail how she used this data to develop her estimate of wage loss of \$356,655 to \$393,900.

It is acknowledged that both of the positions noted above cited by Ms. [REDACTED] are classified as Light in physical demand, which is within the restrictions furnished by the IME Examiner, Dr. [REDACTED]. Additionally both are classified as non-skilled in the DOT, as follows:

DOT Title	DOT Code	Physical Demand	SVP, {i.e. Skill Level}
Cashier	211.462-010	Light	2: Unskilled
Counter Waitress	311.477-014	Light	2: Unskilled

In addition to being within Dr. [REDACTED]'s restrictions, the GAF evaluation given by Dr. [REDACTED] is considered to allow for unskilled employment, as a GAF score of 55-60, as previously defined in the DSM-IV is not described as "serious impairments", but rather as "moderate impairments",

and has been accepted in SSD hearings & other vocational venues as allowing for employability, particularly in unskilled work.

Ms. [REDACTED] derives a calculation of wage loss, based upon her opinion that Ms. [REDACTED] would be incapable of holding any job, to include a part time sedentary position, as well as home based employment. Ms. [REDACTED] derives a wage loss of “approximately \$356,655.00 to \$393,900.00”, with the exact calculation methodology not specified. Additionally, this calculation does not reflect the offset value of the SSD benefits or value of Medicare benefits.

With regard to potential employment in which Ms. [REDACTED] could utilize her transferrable skills, in the areas of customer service and clerical skills, recognizing the fact that Ms. [REDACTED] graduated from the [REDACTED], research performed in the limited amount of time I had available concerning a sedentary and semi-skilled nature, which can also be performed while working out of one’s home, yielded the following sample of options, which is not intended to be an exhaustive list of possibilities:

1. Lord & Taylor Call Center, 250 Highland Park, Wilkes-Barre, Pa. 18702.  
On 3/13/13 I visited this call center and spoke to HR Manager, [REDACTED], who noted that while this employer is not currently hiring customer service representatives, that they likely would be considering applicants for work @ home representatives in August. She noted that most positions are Full-Time, 40 hours per week; flex- shift positions, which are performed while working from home. The employee is furnished with training & software for their home based computer. The customer service representative receives either phone calls or emails from prospective customers, seeking to purchase merchandise from Lord & Taylor, with the call center also accepting merchandise from the Hudson’s Bay clothing merchandiser. I was told that the starting wage is \$9.25 to \$10.00 per hour, plus benefits. This would yield income of \$370.00 per week or \$19,240.00 per year, to \$400.00 per week or \$20,800.00 per year, in the comfort of working out of one’s home. The physical demand is sedentary, with a sit/ stand option, at will. Thus, this position would clearly be within the restrictions of Dr. [REDACTED], as well as Ms. [REDACTED]’s treating orthopedist, Dr. Thomas, whose work restrictions, per Ms. [REDACTED] were “for a modified position with limited physical activity”. The position would also appear to be within employability of Dr. [REDACTED]’s assessment of work within a GAF score of 55 to 60, as earlier detailed.
2. Research I was able to perform, yielded several employers which provide home based employment, to include, but not limited to:
  - a. Amazon.Com: Customer Service Positions.
  - b. Deta Airlines: Ticket Agent Positions.
  - c. American Express: Customer Service Positions.
  - d. Willow, Inc. Call Center: Customer Service Positions.
  - e. 1-800-Flowers: Customer Service Position.
  - f. VIP Desk, Inc. Customer Service Position, with P-T, 15 to 34 hour/ week positions available, wages of \$8.50 to \$12.00/ hour.



Other employers who hire home based employees found were: Citi Corp.; American Airlines; Alpine Access; The Hartford Insurance Company; etc. Positions are for customer service representative positions.

As an addendum to this report, concerning work from home opportunities, I have attached a United States Census Bureau report entitled “Home Based Workers in the United States: 2010, by Peter J. Mateyka, Melanie A. Rapino & Liana Christian Landivar, with this report issued in October, 2012. I will not summarize the entire 32 page document, but will note some salient points, follows:

The data used in this report primarily come from two different surveys administered by the U.S. Census Bureau. The Survey of Income and Program Participation (SIPP) is a nationally representative longitudinal survey of about 50,000 households.

The American Community Survey (ACS), fully implemented in 2005, is a nationally representative survey with an initial sample size of about 3 million addresses. This survey produces annual estimates of population and housing characteristics for the nation and at subnational levels.

Table 2.  
Work-at-Home Status of Employed Civilians, Primary Job Only:  
Survey of Income and Program Participation, 1997–2010  
(Civilian employed aged 15 years and older. Numbers in thousands)

Year	Work-at-home status											
	Onsite workers 1				Mixed workers 2				Home workers 3			
	Number	Margin of error4 (±)	Percent	Margin of error4 (±)	Number	Margin of error4 (±)	Percent	Margin of error4 (±)	Number	Margin of error4 (±)	Percent	Margin of error4 (±)
1997...	122,988	744	93.0	0.2	2,862	177	2.2	0.1	6,379	263	4.8	0.2
1998...	126,823	825	93.0	0.3	2,735	191	2.0	0.1	6,742	297	4.9	0.2
2002...	127,537	926	92.5	0.3	3,117	222	2.3	0.2	7,276	335	5.3	0.2
2005...	133,244	799	92.2	0.2	3,186	189	2.2	0.1	8,127	299	5.6	0.2
2010...	128,244	850	90.5	0.3	4,028	218	2.8	0.2	9,374	328	6.6	0.2

Annual personal earnings (in dollars)

Under \$25,000. . . . .	61,014	43.1	55,189	43.0	1,144	28.4	4,681	49.9
\$25,000 to \$49,999. . .	41,654	29.4	39,376	30.7	744	18.5	1,533	16.4
\$50,000 to \$74,999. . .	20,532	14.5	18,473	14.4	822	20.4	1,237	13.2
\$75,000 to \$99,999. . .	9,710	6.9	8,202	6.4	660	16.4	848	9.0
\$100,000 or more. . . . .	8,736	6.2	7,003	5.5	658	16.3	1,075	11.5
Median annual personal earnings . . . . .	\$30,300 – \$30,000 – \$52,800 – \$25,500							

Educational attainment								
Less than high school diploma . . . .	13,008	9.2	12,447	9.7	66	1.6	495	5.3
High school graduate . . . . .	33,166	23.4	31,515	24.6	325	8.1	1,327	14.2
Some college, associate's degree. . .	50,099	35.4	46,196	36.0	1,088	27.0	2,815	30.0
Bachelor's degree or more . . . . .	45,373	32.0	38,087	29.7	2,549	63.3	4,738	50.5

Percentage of Workers Who Work From Home for All Metropolitan Statistical Areas:  
American Community Survey, 2005 and 2010—Con.

CONCLUSION:

Work from home positions were researched for this report, given the plaintiff's concerns regarding driving; flexibility in needing a sit/ stand option and personal image issues, as well as the description of her work capacity by her treating physician, Dr. [REDACTED], described as "a modified position with limited physical activity".

The definition of "disability, or the inability to be employed", varies substantially. Social Security has its own regulations, which as previously indicated; require one to be able to work 40 hours per week, in a non-flexible schedule & with no provision of the comfort of working in one's own home.

The Veteran's Administration has different regulations of disability which are defined in percentages of disability.

Commercial Disability Plans have a variety of definitions of disability, frequently related to one's "own occupation" vs. "any occupation" & based upon hypothetical earnings available.

In Canada and other nations, disability definitions vary as well.

All opinions offered in this report are done within a reasonable degree of vocational certainty, and are ultimately to be decided upon by the due process system, as is appropriate.

Respectfully Submitted,

Victor G. Alberigi,

CRC, LPC, LSW

Certified Rehabilitation Counselor

Licensed Professional Counselor

