

APPENDIX B

VOCATIONAL WORKSHEET

March 17, 2008

NAME: Robert Gabriel
AGE: 56
DOB: February 3, 1952
DOA: October 22, 2007

ANTICIPATED LENGTH OF REHABILITATION PROGRAM:

Based on recommendations outlined by his treating physician, F. Parker Loren, Robert will require a minimum of four months of active therapy in order to rebuild his strength, improve his ability to participate in activities of daily living and learn to use his prostheses. He will require life long medical monitoring and pain management, along with support care and assistance. A return to work is not within reasonable rehabilitation probability.

VOCATIONAL HANDICAPS

Robert's restrictions and / or limitations are consistent with traumatic amputation of his lower extremities. He has suffered a right below knee amputation and a left above knee amputation. His vocational handicaps are as follows:

- Alteration in tactile sensation - both residual limbs.
- Reaching only from wheelchair level at this time.
- Lifting only from wheelchair level at this time. Even with good prosthetic use, his ability to lift will be limited to light objects only.
- Extended sitting causes pain in lower back, buttocks and right residual limb.
- Standing limited at this time as he learns to use his prostheses. Even with good prosthetic use, standing for more than brief periods is likely to be compromised.
- Nonambulatory at this time. He is learning to use his new prostheses, but even with good prosthetic use, his ability to walk will be limited to short distances.
- Nonfunctional for repetitive bending and twisting.
- Nonfunctional for kneeling, stooping, squatting and climbing.
- Balance deficits.
- Breathing restricted by Asthma, which pre-existed this injury.

- Occasional headaches.
- Unable to drive at this time.
- Reduced physical stamina.
- Chronic pain in right residual limb.
- Inability to tolerate hot and cold environments.
- Difficulty tolerating noisy environments.
- Difficulty sleeping.

IMPACT ON PLACEMENT AND RANGE OF JOB ALTERNATIVES

Severe. Robert's vocational handicaps, combined with his age, limited education and lack of transferable skills make a return to the labor market unlikely.

REHABILITATION PLAN

See Life Care Plan.

VOCATIONAL DEVELOPMENT OPTIONS PRE-ONSET

Continued direct placement in the labor market without obtaining additional education or training was anticipated.

VOCATIONAL DEVELOPMENT OPTIONS POST-ONSET

Not applicable. A return to the labor market is not within reasonable rehabilitation probability.

PRE-ACCIDENT VOCATIONAL ALTERNATIVES BY OPTION

At the time of injury, Robert was working for Chuck Regis out of Apopka, Florida as a truck driver. He worked full-time and earned 25% commission per load. He estimates that he earned approximately \$35,000 in 2007. Robert reports that he has worked as a truck driver all of his life. He began working in this field at the age of 21. He has never owned his own truck, but has always worked steady driving trucks owned by other people. The only time that he has been off from work for an extended period of time was when he had his wrist surgery in 2005. He was off from work for about a year, and this was covered by Worker's Compensation.

I recommend review of his Tax Returns, W-2 forms or employment records by an economist to help establish his baseline, pre-accident earnings.

No income tax records were available for my review; therefore, I am unable to verify Robert's earning history. Wage data research reveals that Truck Drivers in the state of Florida earn a mean hourly wage of \$16.20. Based on full time employment, this would provide annual earnings of \$33,696, which is certainly within the range of Robert's estimation of his earnings in 2007.

Source: Florida Occupational Employment and Wages; Florida Agency for Workforce Innovation, Labor Market Statistics (Released August 2007); Wages based on 2nd quarter 2006 survey adjusted by the 2007 2nd quarter Employment Cost Index. <http://www.labormarketinfo.com/library/oes.htm>

POST-ACCIDENT VOCATIONAL ALTERNATIVES BY OPTION

Not applicable. A total loss of earning capacity is anticipated.

Successful employment outcomes are negatively associated with multiple limb amputations, significant pain problems and increasing age at amputation. Prosthetic use, distal level of amputation and availability of vocational services were identified as being positively associated with a return to work by Millstein et al. Men are also significantly more likely to return to work than women. Roeschlein et al related successful prosthetic rehabilitation to a return to employment, less than two complicating factors, completion of secondary education and employment at the time of amputation. A rapid return to work and early acceptance of the amputation enhanced the prospects of long-term employment. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the multiple limb amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*