

## APPENDIX B

### VOCATIONAL WORKSHEET

February 23, 2007

**NAME:** Carrie Hyland  
**AGE:** 28  
**DOB:** January 29, 1979  
**DOA:** January 13, 2005

#### ANTICIPATED LENGTH OF REHABILITATION PROGRAM:

It is anticipated that Carrie will require at least a year of intense counseling to address the sequela associated with her brain injury, her amputations and her disfiguring scars, along with teaching her pain management strategies. She also will require medical management of her injuries and chronic pain. She will have to undergo additional plastic and reconstructive surgery and continued dental restorations. At this point, the goal would be for her to have achieved some success with counseling, therapy, medical management and assistive technology to increase her functional capacity and reduce her need for counseling, medical care and attendant services within a year. Even with a reduction in her needs due to success with rehabilitation, she will require ongoing counseling, medical management, assistive technology and support care for the remainder of her life. However, work in and of itself is very therapeutic, and I feel that she should strive to reach a point at which she can participate in avocational activity, such as volunteer work. Due to the complex nature of her injuries, I do not feel that she will be able to return to competitive employment, but volunteer work will allow her the flexibility to participate as she is able, yet give her the satisfaction of working and a social outlet to avoid isolation.

#### VOCATIONAL HANDICAPS

Carrie's restrictions and/or limitations are consistent with bilateral above-knee amputations, traumatic brain injury, post-traumatic stress disorder, chronic pain syndrome, multiple trauma. They are as follows:

**COGNITIVE:**

- Retrograde amnesia – Estimated at two to four weeks.
- Post-traumatic amnesia – Approximately two weeks.
- Attention and concentration - Shortened.
- Abstract reasoning and conceptualization – Impaired.
- Immediate recall – Fair unless distracted then poor.
- Delayed memory – Compensates for deficits by writing everything down.
- Problem solving – Fair with compensatory strategies.
- Decision-making – Somewhat impulsive.
- Speed of thought processing – Slower.
- Thought organization and planning – Slower.
- Judgment – Impulsive.
- Auditory discrimination and retention – Easily distracted.
- Visual discrimination and retention – Easily distracted.
- Insight - Fair to good.
- Expressive language - Fair with some documented expressive aphasia.
- Ability to engage in purposeful activity – Fair.

**BEHAVIORAL/PSYCHOLOGICAL:**

- Social skills deficits – Socially more blunt and less tactful.
- Impulsivity.
- Impaired capacity for self-control/self-regulation – Requires support systems in place, but not impaired from living independently.
- Social dependency – Relies on family for support and encouragement.
- Emotional/Personality changes – Depression, anxiety, panic attacks.
- Behavioral rigidity or inflexibility.
- Reduced self-esteem.
- Exaggeration of ADD.
- Issues with Lifestyle - Loss of independence and concern over ability to physically “keep up” with young child.
- Fair degree of acceptance of disability.

**PHYSICAL LIMITATIONS:**

- Alteration of tactile sensation in residual limbs.
- Hypersensitivity in areas of erupting glass on her legs, arms and face.
- Reaching limitations due to balance issues with prostheses and limited to wheelchair level when in chair.
- Lifting is limited to light objects only.
- Prehensile action and grip strength – reduced on left due to nerve palsy, resolving.
- Sitting extended periods of time is painful.

- Sitting to standing, and standing to sitting is very difficult and consumes a great deal of energy.
  - Standing limited to approximately 20 minutes.
  - Walking for short distances only with bilateral prostheses and crutch.
  - Bending and twisting on a limited basis only, with great difficulty.
  - Nonfunctional for repetitive kneeling.
  - Nonfunctional for stooping and squatting.
  - Climbing steps or stairs only if unavoidable.
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- Headaches.
  - Not driving at this time, but she has been cleared for evaluation and training with adaptive equipment.
  - Reduced physical stamina.
  - Chronic pain.
  - Depression, anxiety and symptoms of PTSD.
  - Inability to tolerate wet and humid environments.
  - Inability to tolerate stressful environments.

### **IMPACT ON PLACEMENT**

Severe. Carrie's vocational handicaps will have a severe impact on her ability to be placed in the labor market. A return to the competitive labor market is unlikely. As she progresses through the rehabilitation process, she should strive to reach a point at which she can participate in avocational activity for the therapeutic value.

### **IMPACT ON RANGE OF JOB ALTERNATIVES**

Severe. Any avocational activity will have to be sedentary, with flexible hours and in a low stress environment.

### **REHABILITATION PLAN**

See Life Care Plan.

### **VOCATIONAL DEVELOPMENT OPTIONS PRE-ONSET**

Continued direct placement in the labor market without receiving additional formal education.

### **VOCATIONAL DEVELOPMENT OPTIONS POST-ONSET**

A return to the competitive labor market is not anticipated. A goal for which Carrie should strive is one of reaching a point where she can participate in avocational activity for the psychological and social benefits this would provide.

### **PRE-ACCIDENT VOCATIONAL ALTERNATIVES BY OPTION**

At the time of injury, Carrie was employed with Fox Television Station in Orlando, Florida as an Account Executive. She began working for Fox on October 30, 2004. She worked full-time and she reports her annual salary to have been \$30,000 plus commission. A review of the payroll register from Fox Television Station, Inc. reveals gross earnings from 11/1/04 through her last paycheck dated 2/12/05 of \$9,836.61. This includes salary, commissions and vacation pay. The only tax document supplied was her 2005 W2 from Fox, which shows earnings of \$4,980.98. (Date of injury 1/13/05.)

Prior to her employment with Fox, Carrie worked for Lincare as a medical equipment sales representative. She worked full-time for Lincare from April 2003 until October 2004. She reports her salary to have been \$24,000, plus commission.

While in school, Carrie worked as a hostess and server for the Steak and Ale restaurant on a part-time basis. She was paid \$2.50 per hour plus tips.

It is difficult to estimate earning capacity for sales positions, as a large part of the income is based on sales commissions. Carrie had only been working for Fox for a couple of months when she was injured. In fact, Carrie was just starting to build her career after completing college. A review of her Income Tax Returns reveals the following earning history:

2003	\$17,340
2004	\$31,520
2005	\$ 4,981 (Injury date 1/12/2005)

For comparison purposes, according to the U.S. Census Bureau, Caucasian females in the United States with a Bachelor's Degree, age 25 to 29, who worked full-time, earned an average salary of \$38,718.

*Source: U.S. Census Bureau, Current Population Survey, 2005 Annual Social and Economic Supplement. Table PINC-4. Educational Attainment -- People 18 Years old and Over, by Total Money Earnings in 2005, Work Experience in 2005, Age, Race, Hispanic Origin and Sex.*

[http://pubdb3.census.gov/macro/032006/perinc/new04\\_000.htm](http://pubdb3.census.gov/macro/032006/perinc/new04_000.htm)

### **POST-ACCIDENT VOCATIONAL ALTERNATIVES BY OPTION**

At this time, Carrie is unable to return to the labor market in any capacity. Based on her bilateral lower extremity amputations alone, the research on the rehabilitation and return to work of persons with multiple amputations reveals the following: *“A return to productive employment should be one of the goals of rehabilitation. While some amputees will be keen to return to their pre-injury work, other amputees will be unable to do so or it may be unavailable. The multiple limb amputee is very unlikely to return to manual work in a factory. They will not have the physical capacity to perform this type of work. The vocational outcome of the multiple limb amputee is as dependent on the personality of the patient, his or her own social situation, as the severity of the amputations. 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. Multiple limb amputees without higher education prior to their injury, may well need vocational retraining to enable them to re-enter the workforce.”\**

Carrie does have a college education and she was employed at the time of injury, and if her injuries were confined to her amputations alone, she would likely have been able to return to some form of sedentary work using her education. However, she suffered multiple trauma, which has left her with

physical, cognitive and psychological impairments. It is unlikely that Carrie will recover to the point of being able to return to gainful employment.

Research data on return to work after suffering a head injury noted that *“approximately seven years post injury, most of the participants (N = 1052) were unemployed (70%) and reported multiple symptoms affecting their vocational and social functioning. High unemployment rates document the serious effects of the injury on the individual’s daily functioning.”\*\** Data regarding return to work with chronic pain reveals that *“there is only a 2% chance of an injured individual making a return-to-work after being in pain for two years or more.”\*\*\**

It is not within reasonable rehabilitation probability that Carrie will reach a point at which she can return to the competitive labor market. A viable goal for Carrie to strive toward would be one in which she can participate in avocational activities that will provide her with rewarding activities and a social outlet to avoid being isolated. Avocational activity is typically done on a volunteer basis, and no wages are paid. Therefore, even with participation in avocational work-like activity, Carrie will have a total loss of earning capacity.

*\*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>)*

*\*\*Source: Roessler, Richard T.; Schriener, Kay F.; Price, Patricia. Employment Concerns of People with Head Injuries. Journal of Rehabilitation. January/February/March 1992; pages 17 – 22.*

*\*\*\*Source: Turk, D.C., Stacey, B.R. (1997): Multidisciplinary Pain Centers in the Treatment of Chronic Back Pain. In: Frymoyer, J.W., The Adult Spine: Principles and Practice, 2<sup>nd</sup> edition. NY, Raven Press, pp. 253-274, as cited in Spinal Column, The Magazine of Shepherd Center, Fall 2001, Pg. 19.*