

## APPENDIX B

### VOCATIONAL WORKSHEET

June 22, 2007

**NAME:** Jack Example

**AGE:** 52

**DOB:** 9/16/54

**DOA:** 5/1/01

#### ANTICIPATED LENGTH OF REHABILITATION PROGRAM

Jack will require support care services for the remainder of his life expectancy secondary to his Spinal Cord Injury at the C5-C6 level, (Incomplete motor and sensory).

#### VOCATIONAL HANDICAPS

Restrictions and/or limitations are consistent with C5-C6 quadriplegia and include the following:

- Loss of Tactile Sensation
- Reaching
- Lifting
- Bilateral Prehensile Action and Grip Strength
- Sitting
- Standing
- Walking
- Kneeling
- Climbing
- Bending and Twisting
- Stooping and Squatting
- Impaired Balance
- Inability to work in hot, cold, or wet conditions
- Lack of gross and fine motor skills

- Dependence in all activities of daily living
- Impaired finger and hand dexterity
- Reduced level of physical stamina and endurance

### **IMPACT ON PLACEMENT**

Severe. Jack's vocational handicaps present a severe impact on his ability to be placed in the competitive labor market.

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

Severe. An occupational analysis was performed based on this individual's expressed areas of interest. Examples include: Land and Water Vehicle Operation; Managerial Work-Mechanical; and Craft Technology.

### **REHABILITATION PLAN**

See Life Care Plan.

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

Continued direct placement in the labor market without additional training (No GED, no High School).

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

Pre-injury, Jack was a Construction Superintendent for Sammy's Construction, having worked at this company for 30 years. His hourly wage at the time of injury was \$9, plus he had the full time use of a company truck and fuel. Jack indicates he averaged 48 hours per week, and was given a check for \$200/week to cover the truck payment and fuel. (Apparently Jack had an arrangement with Sammy's Construction in that Jack purchased the truck personally and Sammy's was providing the monthly payment and the fuel by a reimbursement of \$200/week.) Based on the hourly rate of pay, at 48 hours per week average, his gross weekly wage would have been \$432, or \$22,464/year based on 52 weeks per year. Workers in the construction

industry typically do not work a full 52 weeks per year when one considers down time for inclement weather. However, in Jack's position as Superintendent, it is within reason to consider he had responsibilities for a full 52 weeks per year.

Tax returns have been requested and would certainly be able to provide a more accurate reflection of his actual overtime and actual earnings prior to the injury. I recommend these be reviewed by the economist to help establish a pre-onset of disability earning's base.

As an alternative, wages were researched using the *Florida Occupational Employment and Wages, Florida Agency for Workforce Innovation, Labor Market Statistics*, showing 2006 estimated hourly wages. Experienced level hourly wage for Construction and Related Workers, All Others: \$17.37; Mean hourly wage: \$14.88 and Entry level wage per hour: \$9.90. If one looks at wages for Construction Laborers, the Experienced hourly wage is \$12.79; Mean hourly wage is \$11.31 and Entry level hourly wage is \$8.36. According to these statistics, Jack was not earning above the entry-level wage based on his job description.

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

It is not within reasonable rehabilitation probability that Jack will attempt any vocational development options.

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

It is important to note the statistics on employment of those individuals with a Spinal Cord Injury, less than 14% of complete lesion (motor) (21% incomplete) tetraplegics have returned to work within five years post accident. Reasons attributable to this include psychological factors, increased time requirements for daily care, bowel and bladder programs, other complications related to spinal cord injury, plus the increased energy demands required. Additional research by J. Stuart Krause, Ph.D. in a twelve-year follow-up study reveals that the higher the educational level of the person with a spinal cord injury the greater the potential for a return to work.

It is not within reasonable probability to anticipate Jack will be employed in the labor market. Reasons attributable to this include psychological factors, increased time requirements for daily care, bowel and bladder programs, other complications related to spinal cord injury, plus the increased energy demands required. Jack might be able to work on a severely reduced basis, however this would not be consistent, and would not be considered gainful, or competitive. Gradually we will see an increase in the frequency of complications and limitations which will begin to reduce the number of hours per day, and days per year he would be able to attempt work. Additionally, to obtain and maintain work, he would require significant assistance and assistive technology to accomplish his job duties. If he did attempt a work effort Jack must anticipate that routine medical needs will impact work during the course of the year. Also, Jack would most likely be unable to qualify for health insurance through an employer (or individually), so he will not be covered for the kinds of routine illnesses that everyone is exposed to. There is no provision in the Life Care Plan or loss of earning capacity report to account for the inability to acquire health insurance.

*Sources:*

*Krause, J. Stuart, Ph.D., Employment After Spinal Cord Injury; "Archives of Physical Medicine and Rehabilitation," 1992: 73:163-9.*

*Krause, J. Stuart, Ph.D., Anson, Carol A., Ph.D.; Employment After Spinal Cord Injury: Relation to Selected Participant Characteristics; "Archives of Physical Medicine and Rehabilitation," 1996: 77: 737 - 43.*

*"Archives of Physical Medicine and Rehabilitation", 1999, James Krause, Ph.D.*

*Employment After SCI: An Analysis of Cases From the Model Spinal Cord Injury Systems; J. Stuart Krause, Ph.D.; D. Kewman, Ph.D., M. DeVivo, Dr.PH, F. Maynard, M.D., J. Coker, BA, M.J. Roach, PhD., and S. Ducharme, Ph.D.*