
the NADE ADVOCATE



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Executive Director of the Disability Service Improvement Team Encourages Feedback from “Front Lines”

Mary Chatel Directs Changes in New Approach to Disability Program

by Terri Klubertanz, NADE Past President

NADE BOARD MEMBERS were pleased to have the opportunity to meet with Mary Chatel, SSA’s Executive Director of the Disability Service Improvement Team, during NADE’s mid-year Board meeting in Washington DC. Ms. Chatel’s team has been tasked with handling the outreach efforts on educating individuals about the SSA Commissioner’s New Approach to Disability, pulling together and analyzing all of the comments received on the New Approach and developing regulations for implementation. Ms. Chatel reported that her team received over 700 comments from SSA’s web page on the New Approach from claimants who filed for disability. Eight hundred different organizations provided comments for consideration on the new Approach, including NADE. The SSA Commissioner personally participated in sixty different meetings with groups on her new Approach.

Ms. Chatel thanked NADE for its professionalism and thoughtful comments on the New Approach. She indicated it was obvious that NADE had carefully and conscientiously reviewed the items in the New Approach and brought up some good ideas for consideration in its position paper. She expressed appreciation for NADE’s efforts.

One of the major foundations and cornerstone for a new disability process is eDIB. EDIB must be fully implemented and working before any changes in the disability process can be implemented. Ms. Chatel thanked NADE and all the members of the DDSs for their efforts in making eDIB work. She also brought personal thanks from the Commissioner for DDS efforts. Everyone recognizes what a major change a paperless disability process is but it is absolutely essential to move forward with future initiatives.

Ms. Chatel stated that it is anticipated that any changes in the disability process will be implemented on a regional basis starting in March 2006. The Commissioner is planning on the full ninety-day comment period once the NPRM is published. NADE and other organizations that provided comments will be notified once the NPRM has been published.

The NADE Board and Ms. Chatel had a very interactive discussion and Ms. Chatel stated that she always welcomes NADE’s comments and looks forward to on-going feedback and discussions as the NPRM is published and implementation decisions are made. She stressed that the vocational area is another critical part of the disability program and is just as important as the medical expertise since so many decisions are medical-vocational ones. She encouraged NADE to continue to provide feedback as the individuals who work on the “front-lines” and are responsible for implementing any changes that are proposed.



The NADE Board was honored to have several SSA officials visit with the Board. From left: Past President Terri Klubertanz, Mary Chatel (Executive Director of the Disability Service Improvement Team), President Marty Marshall, and President-Elect Shari Bratt.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative.

The next issue will be published in **Summer, 2005.**

All correspondence should be directed through your Regional Representative or directly to the **Advocate Editor** by **June 1, 2005.**

You may e-mail articles [in text format to drhilton@cox.net](mailto:drhilton@cox.net)
Please also forward a hard copy.

President's Message

NADE MEMBERS HAVE DONE IT AGAIN! Yes, I am talking about our Spring training conferences. A glance at any one of the conference agendas will bear me out –these are quality productions. Congratulations to all of you who worked so hard for so many months to make these happen. And thank you to the Administrators who supported their efforts.



In March the NADE Board held their annual mid-year meeting in Washington, DC. Additional information about both the Board meeting and the pre-Board meetings can be found elsewhere in this issue. The meetings were excellent. The weather was not. And to top it off, on the very coldest night we were there, the kind of weather that makes your face freeze and crack, someone dropped a cigar in a trash can, filling one whole floor with smoke and setting off all the fire alarms. Knowing how cold it was outside, it was both alarming and disheartening to hear “EMERGENCY! EVACUATE THE HOTEL IMMEDI-

ATELY!” Fortunately it was not a real emergency and we were back in the hotel within minutes.

In April President-elect Shari Bratt and I attended the SSA/DDS Management Forum in San Diego, California— three and a half days of information packed meetings. Unlike Washington, DC, the weather was beautiful. As you might imagine, the main focus of the meeting was electronic case processing but other issues were also discussed, including budget and workload considerations; revising and updating the Listings; CDRs; in-line Quality Review; and expanding the definition of acceptable medical sources to include optometrists for more than visual acuity, Physicians’ Assistants and Nurse Practitioners.

One of the things I brought away from the Forum was an increased sense that we are all in this together. For too long the disability process has been compartmentalized, with each component too often, I believe, undervaluing the work of the other. But the electronic case file ties us together in ways that weren’t possible before and we increasingly have to find ways to work together. Expanding NADE membership to include Field Office staff, in addition to Regional Office and Central Office staff, is an ideal way to increase communication and understanding, which in turn will promote a better and more efficient disability program. It’s a goal to strive for.

Martha Marshall

The NADE Advocate is the official publication of the National Association of Disability Examiners. It provides a forum for responsible comments concerning the disability process. Official NADE positions are found in the comments by the NADE President and NADE Position Papers.

NADE CALENDAR OF EVENTS:

Southwest/Pacific	Westin Hotel	Oklahoma City OK	April 12-15, 2005
Quad	Embassy Suites Hotel	Raleigh NC	April 17-20, 2005
2005 National Conference	Doubletree Riverside	Boise ID	Sept. 10-15, 2005

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1/3 page	\$75.00	\$50.00 per issue
1/2 page	\$125.00	\$100.00 per issue
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Highlights from the Board of Directors Mid-Year Meeting

By Juanita G. Boston, NADE Secretary

PRESIDENT MARTY MARSHALL welcomed the Board of Directors and visitors to the NADE Mid-Year Board Meeting. This year's meeting was held at the Four Points Sheraton in Washington, D. C. on March 10-12, 2005.

The meeting began with the reports from the Executive Officers (President, President-elect, Past President, Secretary and Treasurer), Regional Directors, Chair of the Council of Chapter Presidents (CCP), Appointed Directors (Legislative, Membership and Publications), and appointed Standing Committees and Ad Hoc DDS Medical Consultant Committee. President Marshall also reported on visits made prior to the Board meeting by herself, Past President Terri Klubertanz, President-elect Shari Bratt and Legislative Director Mimi Wirtanen to the Commissioner, various congressional offices and government agencies, the Social Security Advisory Board and other related organizations.

On Thursday March 10, 2005, guest speaker presentations were given by Mary Chatel, Director, Disability Service Improvement Team, Office of the Commissioner; Bill Gray, Deputy Commissioner for Systems; Phil Landis, Office of the Associate Commissioner for Disability Determinations; and Glen Sklar, Associate Commissioner for Disability Programs.

On Friday March 11, 2005 guest speaker presentations were given by Richard Warsinsky, Vice President, National Council of Social Security Managers Association; Myrtle Habersham, SSA Chief Strategic Officer; and Dr. Carol Petersen and Dan Bertoni from the Government Accountability Office.

On Saturday March 12, 2005 Andy Marioni, President, and the Executive Officers of the National Council of Disability Determination Directors met with the NADE Board.

Highlights from the Board's Mid-Year Business Meeting

- The *NADE Advocate* is now being issued in an electronic format to all members who wish to receive it via email. Publications Chair Donna Hilton addressed the issue of the increased importance of making sure that email addresses are correct.
- Discussion of the need for NADE to increase its membership and focus on recruiting new members from the Field Offices and Regional Office personnel.
- The Definition of Disability and Acceptable Medical Sources workgroups are continuing to gather data. A report on mentoring of new board members is expected soon. The Waiting Period Position Paper will be updated and a Position Paper on reduction or elimination of the Medicare Waiting Period will be prepared.
- The changing demographics of the NADE membership as related to the growing number of retirees were discussed.
- Suggestions from the Non-dues Revenue Committee were discussed and the suggestion for a NADE Talent Show was accepted.
- The Membership Committee was directed to investigate options for changing the Association name to more accurately reflect the diverse nature of the membership while retaining the acronym "NADE"
- NADE has provided valuable input to the Commissioner and other components regarding the proposed new "Approach" to disability evaluation and the impact of the electronic disability process. The Regulations for implementing the new "Approach" are forthcoming. Additional input will be provided when those are released.

NADE National Training Conferences Updates

The **2005** National Training Conference will be held in **Boise, Idaho**. The conference will be held September 10-15, 2005. Registration will be \$125.00 for NADE members and \$185.00 for non-members. Patch Adams, M.D. will be the featured speaker for the conference. Further information can be found on the NADE website.

Bids were presented to the Board for NADE National Training Conferences for 2007. The Board reconfirmed the 2006 bid from California and accepted the 2007 bid from South Dakota.

2006 - San Diego, California. The conference will be held September 9-16, 2006 at the Bahia Resort Hotel. The room rates will be \$110.00 single and \$129.00 double.

2007 - Sioux Falls, South Dakota. The conference will be held September 17-20, 2007 at the Holiday Inn City Centre. The room rates will be \$79.00 for a regular room and \$89.00 for concierge level.

More information about the 2006 and 2007 training conferences will be available on the NADE website and at the National Training Conference in Boise, Idaho.

MidYear Board Coverage

**Associate Commissioner Glenn Sklar:
Office of Disability Programs Identifies Seven Areas of Focus**

by Terri Klubertanz, NADE Past President

MR. GLENN SKLAR, Associate Commissioner for the Office of Disability Programs, met with the NADE Board during its mid-year meeting in Washington DC. Mr. Sklar stated that his office is responsible for developing disability policy. They are trying to decrease the time necessary to develop that policy. Seven major areas of focus for this year have been identified.

1. Listings of Impairments: He expects that the entire set of Listings of Impairments will be “turned over” in the next two years.
2. Access to Policy: SSA wants to put policy out in a more user-friendly format so that individuals can quickly access it electronically, similar to the format that was used for eDG.
3. Feedback: SSA is striving to build in as many feedback loops as possible in developing policy. Once a listing change is implemented, SSA plans to do a study one year later to see if the expected results from the changes have been achieved.
4. Training: SSA recognizes that training on any listing changes is critical for all decision-makers.
5. Applicability of Listings: The number of disability decisions that are allowed as meeting or equalling the Listings has dropped to less than 50%. SSA recognizes that the more decisions made at Steps 4 and 5 of the sequential evaluation process, the greater the complexity and amount of resources required to administer the program. SSA has sought the assistance of the National Academy of Sciences, the Institute of Medicine (IOM), to study SSA’s Listings of Impairments and the use of medical expertise in the disability program. The IOM is a non-profit organization specifically created to provide science-based advice on matters of biomedical science, medicine and health to policy-makers, professionals, leaders in every sector of society, and the public at large.
6. Management Information: eDIB is a huge opportunity to give SSA more management information to manage the disability program and bring about more consistency and uniformity throughout the decision-making process.
7. Vocational policy: Several vocational rulings should be coming out soon.

Mr. Sklar also updated the Board on SSA’s efforts to improve the amount and quality of medical evidence obtained electronically. Several national initiatives are either in place or underway with large providers of medical evidence and several national copy services.

Bill Gray, Deputy Commissioner for Systems

MR. GRAY, SSA’S DEPUTY COMMISSIONER for Systems, recently met with the NADE Board during NADE’s mid-year Board meeting in Washington DC. The highlight of these discussions was the electronic disability process. SSA reports show that 150,000 applicants have filed disability applications using the Internet and these applicants report a 97% satisfaction rate. Recently the i3368 PRO disability application was added to SSA’s web site for advocates and other third party representatives to assist individuals filing for disability.

Since the Electronic Disability Collect system (EDCS) was implemented in the SSA Field Offices, eight million disability claims have been taken in EDCS. At the time of the Board meeting, thirty-seven DDSs had rolled out eDIB with over one half of the disability examiners using the system or more than 2200 disability examiners. 4 ½ million documents resided in the Document Management Architecture repository and over 75,000 claims had been cleared through eDIB. All of the SSA Hearing Offices have started using a new Case Processing Management System (CPMS) and

53 electronic hearings have been held. The reaction so far to electronic hearing with attorneys, vocational experts and SSA Administrative Law Judges has been very positive. Mississippi was certified to process cases completely folderless as of January 26, 2005. Mr. Gray emphasized that of course none of this would have been possible without the hard work of a lot of people and thanked the NADE Board and all the staff in the DDSs across the country for their hard work.

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Mr. Gray then went over some of the system performance issues that SSA has encountered in rolling out such a massive system and what steps SSA is taking to resolve them. These have ranged from state specific performance issues, to viewer freezes, to the use of eFORMS and user effectiveness and how people can best work in an electronic environment. SSA is taking all reported problems seriously and he believes they are well on their way to solving most of them.

A videotape on working effectively with technology in an electronic environment has been produced and will be available for sites to use. A medical workgroup came up with 52 recommendations to improve the efficiency and effectiveness of the electronic process

with suggestions ranging from technological solutions to business process changes to policy issues. SSA plans to implement two studies to evaluate the size of monitors and ergonomic issues with working in an electronic environment. An independent contractor will do the evaluation. Studies will take place in multiple sites – DDS, OQA, etc.

Over 600 providers have been using SSA's web site to submit electronic evidence and SSA is working with other large providers to move towards expanding this number. The national scanning contractor has been experiencing some significant start-up problems and SSA is working closely with them to get them resolved. In the meantime, the contract with ACS has been extended through the rest of FY05.

Mr. Gray then explained the process for Independence Day Assessment (IDA) certification. This is the process for a site to move to a totally electronic folder. It is a four-step process. First, there is a pre-IDA evaluation done on individual state level which looks at necessary business process changes and compares paper and electronic folders. Instructions on necessary changes are then developed. Once these are implemented, the IDA team returns to the site and verifies that problems are corrected. If everything works as it is supposed to, then the state is certified to be totally electronic and will no longer have to keep a paper folder for disability claims that were filed electronically.

Phil Landis, Office of Disability Determinations

ON BEHALF OF Lenore Carlson, Associate Commissioner for Disability Determinations, Mr. Phil Landis met with the NADE Board during its mid-year meeting in Washington DC. He went over the DDS Performance goals for FY05 and the progress as of that time in meeting them.

Each year SSA establishes performance goals for DDSs in five areas:

- Initial pendings,
- Average Initial processing time,
- Continuing disability Reviews (CDRs),
- Productivity (PPWY), and
- Net Accuracy.

The biggest challenge for DDSs this year will be to reduce initial case pendings while at the same time imple-

menting eDIB. Because of that, no national PPWY target has been set this year.

Due to workload increases, the DDS budget was increased by \$69 million for FY05. In FY04, the DDS budget was \$1 billion 700 million; for FY05, the DDS budget is \$1 billion 769 Million.

The Conference co-ordinators for the Southwest/Pacific Bi-Regional Conference, held in Oklahoma City, would like to thank corporate member QTC for their support.

NADE Officials Visit on the Hill

by Marty Marshall, Terri Klubertanz, and Shari Bratt

PRIOR TO THE mid-year board meeting, NADE President Marty Marshall, Past President Terri Klubertanz, President-Elect Shari Bratt and Mimi Wirtanen, NADE Legislative Director, visited several agencies whose activities impact the Social Security and/or SSI disability programs.

On Monday, March 7, 2005, the NADE delegation met with Marty Ford and Ethel Zelenske from the Consortium for Citizens with Disabilities. We also met with Melissa Seeley from OMB and Virginia Reno from the National Academy of Social Insurance. At these meetings, NADE provided information, including our position papers on the Approach, on expansion of the CDI Units, and on the elimination of the five month waiting period, along with NADE's comments on the proposed changes to the Cardiac, Genitourinary, and Digestive Listings. Copies of the latest NADE *Advocate* were also provided.

Later that day, NADE officials met with Mike McCreary and Dr. Rick Erdtman from the Institute of Medicine (IOM). The IOM has been contracted by SSA to look at improving the Listings of Impairments and how medical expertise can be accessed throughout the disability decision process. We had a very lively and interesting discussion and exchange of information. NADE has since provided IOM with written testimony for a forum they are holding on April 18, 2005. The Medical Consultant position paper was shared with Mr.

McCreary and Dr. Erdtman as well as the position paper on the Approach. Copies of NADE's Disability Examiner position paper were previously shared with all of the groups with whom we met this year.

On Tuesday March 8th, the NADE delegation met with SSA Commissioner Jo Anne Barnhart and Executive Director of the Disability Service Improvement team, Mary Chatel. The Commissioner indicated that regulations on her new Approach are expected to be published this spring, and she plans to allow the full 90 day comment period prior to final regulations and implementation. It is anticipated that the Approach will be "rolled out" by region as eDib is fully implemented and operational in the regions. Problems with Document Management Architecture scanning were discussed, particularly turn around time and document readability. The Commissioner assured NADE that resolving those issues was a high priority for her. Other eDib concerns, such as size of monitors, "togglng back and forth between screens" and reported ergonomic issues were discussed. There is a pilot project dealing with ergonomics and having two screens instead of having to toggle. In addition, NADE reiterated our support for increasing CDI Units as a cost saving measure. Current demonstration projects include Ticket to Work and Early Intervention.

The group then met with the SSA Advisory Board (SSAB), including

SSAB Chair Hal Daub, Board Member David Podoff and SSAB staff. A major portion of that meeting was spent discussing the definition of disability, the Commissioner's new Approach, "acceptable medical evidence" and telemedicine. In addition to disability, the SSAB is focusing on solvency issues and reforming Medicaid and Medicare. During a meeting with representatives from the Congressional Budget Office, NADE officials reiterated our support of elimination of the five month waiting period for Title II claimants and SSA demonstrations on return to work initiatives as well as increased Continuing Disability Investigation (CDI) Units versus SSI Pre-Effectuation Reviews (PERs). We discussed NADE's thoughts on clinical versus regulatory medicine.

A meeting with Tom Klouda, Social Security General Assistant, took place on Wednesday. The discussion involved dedicated funding in the President's budget for Continuing Disability Reviews (CDRs). PER review increases were also discussed, with NADE's position being that CDI Units are a better deterrent to fraudulent activity in the disability program than an increase in SSI PER reviews. EDIB business practices and the costs involved in maintaining two business practices with CDRs still being a paper folder were also discussed.

Overall, NADE officials stressed the need for adequate funding and re-

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sources to administer the disability program to be able to provide good customer service. NADE reiterated its stance on the Approach, eDIB areas of concern with scanning and DMA, expansion of

CDI Units and the efficacy of the Single Decision Maker as an effective use of resources. We encouraged the elimination of the five month waiting period for Title II claimants, emphasized our views

on the proposal to increase PER reviews for Title XVI claims, and stressed that quality assurance should occur throughout the claims process, beginning at the time of the application for benefits.

SSA Chief Strategic Officer Describes Progress on Disability Quality Issue Study

by Kay Welch, MidAtlantic Regional Director

THE NADE BOARD had a very interactive discussion at its recent mid-year Board meeting in Washington D.C. with Myrtle Habersham, SSA's Chief Strategic Officer, and representatives from Booz Allen Hamilton (BAH), the organization that SSA has contracted with to evaluate SSA's current disability quality process.

Ms. Habersham explained that as SSA's Chief Strategic Officer, she oversees the Office of Workforce Analysis, quality initiatives and the BAH contract. Members of her staff are also responsible for evaluating eDIB. In response to a question from Ms. Habersham regarding eDIB and disability examiner caseloads, NADE Board members indicated that 85-100 cases is the maximum pending caseload level that a disability examiner can effectively manage and still be able to provide timely, cost-effective and accurate case decisions for the American public.

Two years ago, SSA contracted with BAH to look at SSA's disability quality process in a broader context. BAH has broken down this task into three phases:

- 1) the evaluation of the current QA process;
- 2) the design and development of quality improvement transition initiatives; and
- 3) the design and development of an integrated quality process.

During the course of its work, BAH surveyed approximately 4800 SSA and DDS employees regarding their thoughts on SSA quality. BAH reported that all respondents indicated they were committed to quality and to improving the quality process but there were varying ideas of what quality is and how to achieve it. BAH also visited several Disability Determination Services and interviewed individuals at the Office of Hearing and Appeals (OHA), SSA Field Offices (FO) and SSA Program Service Centers (PSC) to look at existing business processes and quality initiatives.

BAH continues to work with SSA to analyze current quality processes and any non-value-added activities that currently exist in the program. BAH is looking at a multi-dimensional, com-

prehensive quality approach that balances the five aspects of the SSA Commissioner's Service Delivery Plan – accuracy, cost, timeliness, productivity and service. Their final product is due to the SSA Commissioner by June 30, 2005.

BAH representatives stressed that a comprehensive quality approach must integrate and include three components – people, processes and systems – and that these components must work in concert with each other to ensure on-going continuous quality improvement. All three aspects are critical to a well-functioning quality process.

Part of the SSA Commissioner's vision of the future of disability quality is increased emphasis on in-line quality activities. BAH was particularly interested in hearing from the NADE Board about any current DDS in-line quality initiatives and how to improve in-line quality, not just at the DDS, but at all SSA components including OHA, FO and PSC.

BAH stressed that quality must be integrated with business results and use quality processes and measures that are objective, repeatable, auditable and multi-dimensional. Both in-line and end-of-line case reviews must be an integral part and continuous quality improvement is the responsibility of all operating components.

Editor's Post script: Information Week ran an article on April 11, 2005 detailing how tech service-provider BAH is building an integrated case management system for SSA, which by changing business processes will enable the agency to organize work related to investigating recoveries, restitution, fines, settlements, and judgments authorized by the agency.



SSA's Chief Strategic Officer Myrtle Habersham and NADE Treasurer Chuck Schimmels discuss the SSA initiatives which are under evaluation.

Government Accountability Office Discusses Ticket to Work

by Susan Smith, Great Lakes Regional Director
and Georgina Huskey, Pacific Regional Director

CAROL PETERSEN, PH.D. and Daniel Bertoni, Assistant Director, updated the Board on the Ticket to Work program. While SSA has made progress, there has been limited success achieving the goals set forth. This appears to be due to insufficient marketing to the beneficiaries, and the exclusion of some beneficiaries, such as older teenagers on SSI and medical improvement expected beneficiaries. Dr. Petersen stated that GAO and SSA are looking at reforming the incentives and safeguards to beneficiaries, and changing the eligibility requirements to the Ticket to Work program. SSA has made some administrative changes but has deferred making others. There does not appear to be a timetable as to how this is going to be assessed or when it will occur. Dr. Peterson stated that as of August, 2004, 9.5 million beneficiaries received their tickets, and approximately 1 percent (62,901) have used their tickets as of August 2004. Lastly, about 160 beneficiaries have had sufficient earnings to result in the discontinuance of their disability payments.



Carol Petersen, Ph.D. and Daniel Bertoni from GAO welcomed suggestions on how to reduce fraud, waste, and abuse.

Mr. Bertoni discussed the next agenda item to be looked at is identifying work activity of those who are on the disability rolls. He stated that overpayments are probably much larger than originally thought. Their goal is to remove people from the rolls who should not be there. Other issues to be looked into will be post-entitlement issues. Dr. Petersen and Mr. Bertoni welcomed suggestions on how to reduce fraud, waste and abuse. More information can be found at www.gao.gov.



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NADE National Conference 2005
September 10-15, 2005
Boise, ID



THE 2005 CONFERENCE will be held in Boise, Idaho from September 10-15. This year's conference theme, "**A River Runs Through It**," is based around the implementation of the electronic process and other changes that Social Security Disability is undergoing. Speakers from social security will be addressing these changes and new technology. Patch Adams, M.D. will be the featured motivational speaker.

Idaho is very pleased to be hosting the 2005 National NADE Conference and looks forward to providing you with outstanding educational and recreational opportunities in the GEM State. Recreational activities offered include Art in the Park, a wild west train ride, river rafting, barbecue and dance.

The event will be at the DoubleTree Hotel Boise Riverside. So mark your calendars and join us in September, 2005 for a small taste of what Boise and Idaho have to offer.

For additional information contact:

J. T. Friel, IDEA President
(208) 327-7333 ext 334 or check out our web site in progress at www.cl.idaho.gov/nade2005



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NADE Correspondence

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Letter to the Editor:

It is fitting that I was asked to write an editorial regarding Bobby Dean's role in NADE's break from the National Rehabilitation Association and formation of our independent professional organization. Bobby Dean is responsible for my joining NADE in 1975, a decision I have never regretted.

When I first met Bobby Dean in 1975, NADE was involved in discussion of Federalization of employees of the DDSs. This was a controversial issue but eventually supported by 80% of NADE's responding membership to a 1978 poll.

At the 1976 NRA National Conference in Hollywood, Florida, NRA was asked to support our position on Federalization. The NRA Board referred the issue to their Legislative Commission; on 2/01/77 the commission voted not to support our position.

There were other issues with NRA. There was the "gag rule" established by NRA Board to prevent *any* Division member from testifying before *any* committee without prior approval from NRA. There was an impending dues increase that would support NRA issues, not necessarily those of NADE or any other division.

When Bobby ran for NADE President-Elect in 1976, his response to questions from the Advocate editors reflected his concerns about the dues increase and other actions by NRA that seemed to be forcing NADE to be independent in order to survive. There was a question to define NADE's biggest obstacle. Bobby's answer was we must first work out our relationship with NRA.

At the NADE Delegate Assembly in 1976, Ohio's resolution calling for withdrawal from NRA and creating a new organization either totally independent or associated with another organization was passed and a committee formed to look into leaving NRA. The committee had two charges: 1) draw up contingency plans in case separation from NRA becomes imminent; 2) establish goals which NRA must meet which would suffice the attainment of the "reasonable compromise" that NRA promised to investigate.

During the next two years, as President-Elect and President, Bobby worked tirelessly for NADE. Although he personally favored independence, he continued to meet with the NRA Board to work out the "reasonable compromise." It became apparent NRA would not provide NADE what it needed. Bobby had a vision of NADE as an organization of volunteers who would support the profes-

sionalism of the disability examiners. He traveled the country to speak to NADE groups about our relationship with NRA.

In September of 1978 the NRA Conference was held in Salt Lake City. In the NADE hospitality room all talk was about whether or not we should leave NRA. There was still a split in thinking. Some members felt we should stay because NRA had a national office established and was organized for lobbying. How could NADE establish this kind of organization? Others felt if we were truly to be a professional organization, we had to do it independently. Our talks were accompanied by the trumping of elephants and roaring of lions from the circus performing at the convention center across the street. An omen, perhaps?

When the final vote came on September 26, 1978, it was much more decisive than anyone expected. Following the vote, there was a profound silence for a few seconds before applause broke out. When I gave Bobby a congratulatory hug he whispered, "What have we done?" I pulled back to look at him and saw the famous Bobby Dean grin and a twinkle in his eyes. We both knew we had done the right thing.

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Contact: Camille Greenwald



Letter to the Editor.

Obviously, Bobby was not solely responsible for our independence but he was the constant, truly believing in the ability of our membership to move forward as professionals. Several years after our break from NRA, a state administrator stood up at a NADE Delegate Assembly to publicly state he had been opposed to breaking away from NRA because he thought we couldn't survive independently. He acknowledged he was wrong and was proud of what independent NADE had achieved. I know that was a special moment for Bobby.

So what is Bobby Dean's legacy to NADE? Every time a NADE member testifies to a Congressional committee, the GAO, OIG or any organization wanting to know more about the program, we are not under a gag rule. We are recognized as disability experts, but could never have achieved this status without independence. If we have a dues increase, we know the money will be used for NADE purposes. When we attend training conferences sponsored by NADE at the state, regional or national level, we know we are getting specialized training unavailable anywhere else. All of this we do as volunteers because we believe in NADE, as Bobby did.

For those of us who participate in NADE, at whatever level, and for future generations of members, we say, "Well Done, Bobby Dean!"

Liz Burrell
Charter Member of NADE

The tribute to Bobby Dean in the last Advocate was excellent; however, I'm not sure that newer NADE members are aware of the service performed by Bobby for NADE during the time NADE became an independent association. I first met Bobby when I attended a multi-state NADE meeting in Indiana. As a new examiner and NADE member I was very impressed by his professionalism and dedication to the Disability program and NADE.

Bobby was a regional officer and a member of the NADE board at that time.

When I attended the NRA National Conference in Salt Lake City in the fall of 1978, the major topic of discussion among NADE members was NADE's inability to publicly discuss and testify on disability issues without obtaining express consent from NRA officers and board of Directors. There had been an ongoing dialogue between the leaders of NADE and NRA trying to resolve the issues for some time prior to the conference. During the conference the NADE board instructed Bobby and Richard Parsons, Past President of NADE, to meet with the NRA President and other NRA leaders to seek some compromise. After numerous meetings during the week, Bobby and Richard reported back

to the NADE board that an equitable compromise was not possible. At that point, Bobby took over the leadership roll in campaigning for an independent NADE. At that time there was great concern among NADE members, especially from those states that had VR parent agencies, that NADE would never survive on as an independent association.

Bobby, along with Richard and President Marty Blum, worked tirelessly that week to solicit support from SSA officials and other individuals knowledgeable about the disability program to encourage NADE members to support an independent NADE. Bobby was also instrumental in soliciting funds to support NADE during the months of its infancy. I was privileged to serve NADE as regional director from the Great Lakes that first year as an independent association.

Over the years since 1978, I was able to observe Bobby in many roles in NADE and the disability program and I was continually amazed by his dedication. I just felt it was necessary to let the newer members know what Bobby did for NADE.

Larry DeVantier
Past President NADE



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Lessons Learned in Disability Adjudication: “All That Wheezes Is Not Asthma.”

by William D. Hakkarinen, MD
Medical Consultant, Maryland DDS

I REMEMBER WELL the forcefulness of my professor’s statement in medical school: “All that wheezes is not asthma!” He wanted us to keep our minds open to the rare or unusual, and not always assume that every wheezing patient had asthma, certainly the most common cause. He wanted us to keep in the back of our minds that wheezing may be a sign of pulmonary embolus, congestive heart failure, upper airway obstruction, or foreign body aspiration. A recent case in disability adjudication reminded me of his caveat.

Case Presentation

A 38-year-old woman alleged disability, stating that her cervical disc disease, past cervical fusion, and history of Goodpasture’s syndrome limited her abilities. She had a 12th-grade education and had done some work irregularly as a cashier, clerk, and other less strenuous occupations. She alleged an onset after the neck surgery.

She had Goodpasture’s syndrome in 1999, with only lung involvement. Renal biopsy had been normal. She improved with prednisone treatment, and had not sought any medical care related to the illness in over 3 years. She was on an inhaled bronchodilator “as needed” for asthma. There was no history of emergency room visits or hospitalizations for pulmonary complaints. Physical examinations in her treating physician’s office occasionally revealed a slight wheeze, but not consistently. At first glance, her asthma did not appear particularly severe. It appeared initially that adjudication would focus on the musculoskeletal complaints.

However, upon review of her activities of daily living, it was noted that her complaints of shortness of breath seemed disproportionate to the findings on lung examination. She reported breathlessness after ½ block of walking, at the top of one flight of stairs, and had become used to limiting her activities because of the dyspnea. Since we could not explain the credibility of her allegation by physical or x-ray findings, pulmonary function studies including diffusion capacity were obtained.

The claimant was 62 inches tall, and weighed 165 lb. Her best forced expiratory volume at 1 second (FEV1) was 1.33. Her best forced vital capacity (FVC) was 2.53. However, her diffusion capacity (DLCO) was 9.4, 40%. She was allowed as meeting 3.02C1.

Goodpasture’s Syndrome

This rare disorder was first described in 1919 in a young man thought to be suffering from influenza pneumonia. The syndrome is characterized by hemoptysis (coughing up blood), X-ray evidence of consolidation in the lung, and development of renal failure. There is a high fatality rate, with death either from pulmonary hemorrhage or uremia and renal failure.

In the lung, the findings are necrosis of the alveolar walls, hemorrhage, and fibrosis of the septal cells. These changes have the consequence of limiting the ability of oxygen to diffuse into the blood from the air-filled alveolar spaces. Similar damage in the kidney, to the basement membrane, leads to renal failure.

The condition is thought to be an auto-immune disorder. Antibodies are produced which attack basement membranes in lung alveolar cells and in the kidney. Treatment has been with steroids and other anti-immune medications such as cytoxan or methotrexate. Plasma-pheresis has been used as well. Dialysis or renal transplantation may be the long term result of the renal damage.

Discussion

The claimant in this case had pulmonary involvement only. This is unusual, as is her gender. Most cases of Goodpasture’s syndrome have been reported in men. Though no longer in active treatment, she had developed a life-style that reflected her limitations. The condition presumably caused such scarring that reduced her diffusion capacity to listing severity.

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Because the renal complications can be so severe, and more prevalent, less attention has been directed to pulmonary complications. However, as this case illustrates, the interstitial fibrosis that occurs after the acute insult can be significant. Any condition that results in scarring or thickening of the wall between oxygen and blood stream can result in a reduced diffusion capacity. Conditions like Hamman-Rich Syndrome (Idiopathic Pulmonary Fibrosis), Sarcoidosis with pulmonary involvement, Rheumatoid Lung, or Wegener's Granulomatosis may also need to be evaluated with a DLCO in the adjudicative process.

This case provided several lessons:

- 1) We need to consider further testing or gather further data when a claimant's credible allegations are more severe than are explained by the physical findings.
- 2) The pathologic changes that result from an impairment can help us in determining the approach to adjudication. And, in the words of my professor long ago:
- 3) "All that wheezes is not asthma."

The author wishes to thank Dr. George Albright, Chief Medical Consultant, and Dr. Samii Brahim, Pulmonologist and Medical Consultant for their review and advice. Both physicians are with the Maryland DDS.

This case is presented as representative of issues faced in disability adjudication and is not meant to represent Official SSA Medical Policy.

Photo and Newsletter Contests Guidelines Announced

by Donna Hilton, Publications Director

THE PUBLICATION COMMITTEE has drafted the following guidelines for the upcoming Photo Contest:

- Image highlights achievements of NADE members and local chapters.
- Image captures events sponsored by NADE, either at national, regional, or local event.
- Image is of good quality, allowing easy reproduction in electronic format; preferably submitted in electronic format.
- The photos should be submitted with a summary: names of people in the picture, date of the photo, a brief description of the photo or event involved.
- Photos should be from current NADE year (October to the following September).
- Photos should be in good taste and further the mission of NADE.

Photos are encouraged to be submitted throughout the year for use in the *Advocate* and on the www.nade.org website. All entries must be received by August 1, 2005 for consideration. (Next year entries will be evaluated on a quarterly basis.)

Entries for the newsletter competition are also due by August 1, 2005. Eight (8) copies of each newsletter published should be sent to the Publication Director Donna Hilton. If electronic versions are available, they will also be shared with the Publication Committee. Newsletters are judged on frequency, format, use of photos and graphics, and content which promotes NADE and NADE activities.

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2005 NADE AWARDS CRITERIA ANNOUNCED

by Sue Heflin, Awards Chair

ONCE AGAIN IT is time for NADE members to acknowledge the accomplishments of fellow NADE members through the NADE awards. All nominations must be submitted to members of the NADE Awards Committee. They are as follows: Liz Burrell (Great Lakes), Brenda Frevik (Great Plains), David Ortiz (Mid-Atlantic), Madeline Santiago (Northeast), Soon Ah Schwab (Pacific), Mary Lowe-Hentges (Southeast), and Chrisa Schimmels (Southwest). The results will be announced at the national conference in Boise, Idaho, in September.

NOMINATING PROCEDURES

- 1) Each chapter is responsible for selecting and nominating their own members on the approved forms (available through your chapter president).
- 2) Nominations must be submitted by **July 1, 2005** to the National Awards Chair.
- 3) The nomination form should be typed and should explain in detail how the nominee exemplified the specific criteria of each award. A one-page typed attachment is permissible if needed.
- 4) Please do not refer to the member or chapter by name in the nomination.
- 5) Each chapter is limited to one nomination per award.

NADE Awards to be presented are:

The **PRESIDENT'S AWARD** is to be given annually and presented by the NADE President in recognition of an outstanding Chapter or Subchapter.

Criteria for Eligibility: (a) Any organized NADE Chapter or Subchapter which has demonstrated outstanding achievement by innovation of programs for improving medical and other professional community relationships. Such activities as panel presentations, speeches, publication of bulletins, newsletters, circulars or other efforts to improve the quality of medical reporting or reporting of vocational assessments or the use of other professional information which can be utilized for the factual and effective documentation of disability determinations; (b) Any chapter activities which have enhanced working relationships among its professional communities.

The **CHARLES O. BLALOCK AWARD** is a service award to be presented annually and on a continuing basis in the name of the founder of NADE. It is made in recognition of an individual who has made extended efforts and major contributions toward the organizational advancement of NADE.

Criteria for Eligibility: (a) The recipient may be any professional member of the National Association of Disability Examiners who is employed either full or part-time; (b) The recipient shall have provided outstanding leadership in the development and substantial expansion of his/her State Chapter, Regional, and/or the National organization; (c) The recipient shall have shown consistent efforts over a period of at least three years toward the organizational advancement of NADE; (d) The recipient may be a committee chairperson, a National Board Member, a Chapter President, or any Member who has promoted the advancement of NADE to an outstanding degree.

The **NADE AWARD** is to honor and recognize the disability professional of the year who has made outstanding contributions not only to the service of the claimant in accordance with his/her expertise but has contributed substantially of his/her time and talent to promote harmonious and more effective working relationships among his/her professional community. The award shall be presented annually at the National Conference.

Criteria for Eligibility: (a) Anyone who is professionally identified as a disability professional, employed full or part-time; (b) Any NADE member engaged as a professional in any capacity, i.e. Medical Consultant, Adjudicator, Vocational Evaluation Consultant, Supervisor, etc.; (c) Anyone who has consistently shown outstanding achievement by the use of initiative and humanitarian efforts and ability to effectively assist in the Social Security disability process.

The **JOHN GORDON AWARD** is presented in the name of John R. Gordon to a supervisor in the disability program and is designed to honor and recognize superior performance in a supervisory capacity.

Criteria for Eligibility: (a) Any supervisor who is professionally identified as a NADE member; (b) Any supervisor who by his/her initiative and resourcefulness promotes cohesiveness in his/her work group; (c) Any supervisor who provides further incentive for personal growth and professionalism among the individuals he/she supervises; (d) Any supervisor who acts in his/her executive capacity in the promotion and maintenance of morale; (e) Any supervisor who exceeds the requirements of his/her role in facilitating the workloads of his/her Agency.

The **LEWIS BUCKINGHAM AWARD** is a professional award to honor and recognize a leader of the National Association of Disability Examiners either at the Regional or National level.

Criteria for Eligibility: (a) This person must consistently have shown outstanding achievement by the use of initiative and humanitarian efforts to further advance the professionalism and goals of the National Association of Disability Examiners; (b) The recipient must have contributed at least (10) years of continuous service to the organization; (c) The recipient should have served on the national Board of Directors.

The **DIRECTOR'S AWARD** is to honor and recognize an outstanding member of the support staff who demonstrated work performance efficiency and characteristics which contribute to the efficient operation of the unit and the morale of coworkers.

Criteria for Eligibility: (a) Any clerical or paraprofessional employee who is employed either full or part-time and is a member of NADE; (b) The recipient must have shown outstanding leadership and work performance among his/her peer group.

The **EARL B. THOMAS AWARD** is to be presented annually in the name of a charter member of NADE who is actively supportive of NADE as an association of disability professionals.

Criteria for Eligibility: (a) The recipient must be a member and active supporter of NADE; (b) The recipient must be the administrator of a State or Federal agency or be the top administrator of a Regional or Satellite DDS and have been so for three years; (c) The recipient must have contributed significantly to the program in ways consistent with the policies of NADE, beyond the normal administrative duties of his/her position.

The **FRANK BARCLAY AWARD** is presented annually in recognition of an individual who has demonstrated exceptional ability to motivate and challenge or to develop or promote programs which motivate and challenge personnel in a disability program and/or develop programs designed to motivate/challenge such personnel in personal and professional growth through human resource development.

Criteria for Eligibility: (a) The recipient must be a member of NADE; (b) The recipient must be assigned to job duties on a full or part-time basis. Examples of potential nominees include, but are not limited to, training officers, civil rights office employees, human resource management personnel, etc.; (c) The recipient must have notable accomplishments in the area of human resource development, consistent with policies and objectives of our professional organization.

The **ROOKIE OF THE YEAR AWARD** is to be given annually to honor and recognize a disability professional who has made a significant contribution on a local, regional, and/or national level to the National Association of Disability Examiners.

Criteria for Eligibility: (a) The recipient must have been a member of NADE for less than two years, at the time of nomination (June 1), regardless of the number of years of service in a DDS; (b) The recipient must have made a significant contribution to their local, regional, and/or national level of NADE.

All nominations, as well as ballots, will be submitted to the Awards committee members (one from each region) by the Awards Chair. The results will be announced at the Awards luncheon at the NADE conference in Boise, Idaho.

Please send all nominations by July 1, 2005, to the following address:

Sue Heflin
515 North Lake Drive
Brandon, MS 39042
601-853-5672 (w) 601-825-7737 (h)
800-280-2250 fax
sue.heflin@ssa.gov or sueh127@aol.com

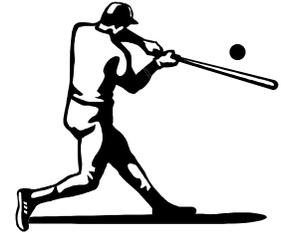
If you have questions, please call Sue Heflin at 601-853-5672 or 601-825-7737

Get IT Done

by Barbara Styles, Professional Development Chair

WELL, HAVE YOU DONE IT YET? Have you managed to get around to it? Have you talked to others about it? What *is IT*???

We're talking about certification and recertification! It's easy, quick and looks good on your resume. All NADE members, whether you are a support professional, medical professional or disability professional, can be certified. All the information you need to know is on our website at www.NADE.org. Even the forms that you need to complete are there, whether it's for certification or recertification.



If you have never been certified as a NADE professional, it's time to step up to the plate. (I love baseball!!) Anyway, if you have been a NADE member at least one year, and have held a position with your DDS for at least 3 years, you qualify. Just complete your certification form, including your training hours, and have it signed by your Agency Director, your Regional President, or your local Chapter President. Send it in, and your certificate will be on its way back to you soon.

If you have been previously certified (anytime before 2002) it is time to be re-certified. This basically means that you complete a form showing that you have had 15-25 additional hours of training, depending on your member classification. Recertification is now due for most NADE members.

Chapter Presidents: have you appointed a certification chair? If so, it might be a good idea for this person to check the certification status of their members against the master membership list sent each month. That way, any errors or oversights can be corrected, and you will have an updated record of the certification of all of your members. Remember, there is NO COST involved (other than postage) for certification and recertification. It is a tangible service we offer our members.

So, check IT out – it's important that we all be recognized as professionals in our jobs. Being certified or recertified by NADE is a home run every time!!

The following people have completed certification:

Patricia McMurray - GA
Rose Murray - Savannah GA

Dr. Ward Dickey, Boise ID

Edward L. Ansel, Ph.D., Owings Mills, MD

Tracy Harnly - Nebraska
Paul Absalon - Nebraska

Kimberly Pooler - New Hampshire

J. Stephen Clifford, Ph.D., Portsmouth RI

Cindy Anne Brooks - Tenn.

Janet Geeslin, Madison, WI

NEW RECERTIFICATIONS:

Olivia Fralish - Alabama
Norman Ippolito - Alabama
Dr. Robert Little, Birmingham AL
Barbara Styles - Alabama

Dr. Hugh Fairley, Dunbarton NH
Paula J. Sawyer-Christofolletti, Concord NH

Ann L. Rymski - New York ESADE
Debi Chowdhury, Loudonville NY
Howard Fisher, Averill Park, NY
Carolyn Hartnett, Clifton Park NY

Linda Schmechel, Ph.D. - Nebraska
Shari Bratt - Nebraska

Tim Kennedy - Ohio

Bill Dunn - TX
Alan McCorkle - TX
Pamela Chisholm - TX
Robert Gilliland, Ph.D. - TX
Laura Cassens - TX
Mehdi Sharifian, MD - TX
Stephen Drake, Ph.D. - TX
Lisa Martin - TX
Lee T. Wallace - TX
Dean Crawford - TX

Joseph O. Rise, Kent WA

Marleen Nielsen - Wisconsin
Teresa Klubertanz - Wisconsin

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Oklahoma Mental Health Chief Speaks On Mental Illness

by Linda Middleton, OKADE

MENTAL ILLNESS IS the number one disabling disorder in the world. So says Oklahoma Department of Mental Health and Substance Abuse Services Commissioner Dr. Terry Cline. A native Oklahoman, Dr. Cline has served as a clinical instructor in the Department of Psychiatry at Harvard Medical School in Boston, and he serves on the board of directors for the National Association of State Mental Health Program Directors. He also currently sits on Oklahoma Governor Brad Henry's cabinet as Secretary of Health.

On a worldwide scale of established market economies, mental health disorders rank higher than heart disease, cancer and accidents when it comes to causes of disability. For U.S. men, depression and suicide rank second only to heart disease. The picture is the same for U.S. women.

In our country, the latest statistics available show the federal government

spent \$104 billion on mental health and substance abuse services in one year. That represents only 7.6% of the entire health care budget that year, down from 8.8% four years earlier. This is a trend Dr. Cline would like to see reversed.

Dr. Cline quotes one study which shows mental health prescription drug expenditures grew by 17% annually in ten years. During the same period prescription medicine jumped from representing 1 of every 14 dollars spent on mental health to 1 of every 5 dollars spent.

All in all, he says, mental health issues don't get the attention they deserve. He believes part of that lack of recognition is due to the stigma attached to mental problems that gets perpetuated by certain forms of entertainment and a lack of public awareness. Dr. Cline says fighting that stigma is a constant battle.

A little closer to home, Dr. Cline promotes "Think globally, act locally" as his motto. Living in a state with the

highest prevalence of mental illness in our country, he thinks we have a lot of room for improvement when it comes to focusing on mental health in Oklahoma. He says we can start by developing recovery support group networks; increasing collaboration between state agencies; integrating behavioral health as a staple of overall health; and offering a greater continuum of mental health services throughout the state. These things, Dr. Cline says, could make a huge difference in the overall health and well-being of all Oklahomans, not just those suffering from mental health problems.

Dr. Cline was a guest speaker at the bi-regional SWADE/PADE conference held mid-April in Oklahoma City.



THADE THANKS YOU!

by Jeff Price, Conference Co-Chair

QTC Medical Group

Tri-State Occupational Medicine, Inc.

There have been several inquiries about two film screenings that were included as part of the conference program.

The film, "Emma's Gifts," is available in either VHS or DVD and can be ordered online at www.emmasgiftsfilm.com. The cost is \$29.95. This film documents the story

of Emma, an amazing little girl born with Down Syndrome, her twin sister Abigale, and their parents, Mitzi and Michael.

The film, "Conversations with Nickle," is available in VHS for \$20.00. Inquiries should be sent to Lorette Bayle at lorette.bayle@kodak.com. This film documents the tragic story of a young woman stricken with Lou Gehrig's disease (ALS).

Both films are documentaries about real people and only someone without a heart would fail to be touched by either film.

The Tar Heel Association of Disability Examiners (THADE), hosts for the NADE Quad Regional Training Conference April 17-20, expresses its appreciation to the following corporate sponsors:

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**Position Paper
of the
National Association of Disability Examiners**

**Improving The Disability Decision Process
SSA's Listing of Impairments and Agency Access to Medical Expertise**

The National Association of Disability Examiners (NADE) appreciates this opportunity to offer input to the Institute of Medicine (IOM) of the National Academies Committee on Improving the Disability Decision Process: SSA's Listing of Impairments and Agency Access to Medical Expertise.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. Although our membership includes treating sources and consultants who perform independent medical examinations, attorneys, claimant advocates and others interested in the Social Security and Supplemental Security Income (SSI) disability programs, the majority of our members work in the state Disability Determination Service (DDS) agencies, on the "front-line" of the Social Security Administration's disability evaluation process. The diversity of NADE's membership, combined with our extensive program knowledge and "hands on" experience, enables us to offer a perspective that reflects a pragmatic realism.

In 2004, in response to questions about the role of the DDS medical consultant in the Commissioner of Social Security's proposed new approach to SSA's disability evaluation process, NADE prepared several Position Papers, including one on the role of the DDS Medical Consultant in the Social Security and SSI disability programs. NADE also established an Ad Hoc DDS Medical Consultant (MC) Committee composed of a group of medical experts in the SSA disability program. Members of the DDS Medical Consultant Committee were significantly involved in the preparation of this paper and will continue to provide input to the NADE Board as issues arise that impact on the medical evaluation process in the SSA disability program.

The IOM Committee on Improving the Disability Decision Process has been charged to, "... provide recommendations to the Social Security Administration (SSA) on how to (1) improve the Listing of Impairments (Listings), a screening tool SSA uses as part of its process of determining eligibility for disability payments under the Social Security Disability Insurance and Supplemental Security Income programs, and (2) access and use effectively appropriate medical expertise to support the Social Security disability adjudication process at all stages, including the appeals process."

NADE believes that the SSA Listings have been a highly successful tool for sorting various categories of medical conditions and should be retained in much the same format as it currently exists. Organization by body system is a logical approach. The Listings provide a fairly concise reference for disability adjudicators, claimants, treating sources and legal representatives, defining medical conditions so severe that, in the absence of substantial gainful work activity, benefits are awarded. However, the Listings are far more than a screening tool; they quantify parameters of disease severity considered to be totally disabling to more effectively and efficiently process disability claims. The Listings also assist adjudicators in the development of the necessary medical evidence required to establish disability under the Social Security and SSI disability programs' rules and regulations and in the analysis of that medical evidence once it is received.

The Listings are formulated by panels of medical specialists in the appropriate fields of medicine, and they are periodically reviewed and revised. The period for review of the Listings should not be so short that the Listings are not a practical reference for ease of adjudication, nor should it be so long as to make them less relevant in the field of medicine. NADE would suggest that the Listings be revised in the two- to- four year time range. The fluid nature of the Listings is critical in the ever changing art and science of human medicine, but some constancy is required and necessary for them to be practical for all users.

Because of the significant administrative and program costs of integrating functional assessment into the Listings, NADE will continue to assess the advisability of doing so. We do not object to integrating functionality into the Listings. However, the resource impact must be carefully considered in light of rising workloads and a fixed or shrinking adjudicative work force.

Disability evaluation under Social Security rules and regulations has become increasingly complex. Increased emphasis on intangible factors such as fatigue, pain and affordability/availability of care places a tremendous burden on resources and injects a significant amount of subjectivity into the evaluation of disability claims. At this time, NADE supports less dependence on intangible areas such as pain, fatigue, tenderness, etc. in the physical Listings, an increased attention to the cumulative effects of combined mental and physical impairments, and continued careful consideration of the functional areas in the mental Listings. Obviously, functional areas are a major component of the "B" parts of the mental impairment Listings and must remain so, due to the very nature of psychological illness and its lack of objective findings. Functionality also plays a major role in the assessment of combined physical and mental impairments but is not an area very amenable to rigid codification in the Listings. Such assessments are best left to the flexibility of the Residual Functional Capacity Assessment (RFCA) or Mental Residual Functional Capacity Assessment (MRFCA) and the Psychiatric Review Technique Form (PRTF) and the medical/vocational analysis.

Medical Consultants (physicians, psychologists and speech-language pathologists) play three separate and distinct roles in SSA's disability decision process.

1. Physicians, psychologists and speech-language pathologists (SLPs) serve as medical consultants within the state DDS agencies, the Federal DDS and SSA's Regional Offices and Central Office. One of their roles in this capacity is to review disability claims and address policy issues.
2. Other physicians, psychologists and SLPs perform independent medical evaluations (also known as Consultative Examinations or CEs) under contract or agreement with the DDSs. (In order to avoid conflict of interest, or the appearance of conflict of interest, except under unusual circumstances, those medical consultants within the agency who review claims are prohibited from serving in this role.)
3. Still other physicians, psychologists and SLPs serve as Expert Witnesses, testifying at hearings in SSA's Offices of Hearings and Appeals.

Of these three roles, only physicians, psychologists and speech-language pathologists in Category #1 are specifically trained in Social Security disability rules and regulations to adjudicate disability claims under SSA's policy and procedures.

There is a vast difference between clinical and regulatory medicine. Determining an individual's medical eligibility for Social Security or SSI disability benefits is so complex as to practically be a sub-specialty unto its own. Medical consultants working in Category #1 above on a regular basis can reasonably be expected to be more effective at these assessments than a provider who maintains a private practice and consults only occasionally. At least half time spent adjudicating Social Security and SSI disability claims is desirable so as to stay up-to-date with SSA rules, regulations and procedures and to maintain case adjudication effectiveness and efficiency.

Using direct patient care and current medical staffing models, it is important to note that the most effective utilization of medical specialists is to have well trained generalists (internists, general practitioners, family practitioners, etc.) screen patients first, treat the ones they can, and refer to specialists the ones who do not respond to treatment or whose medical conditions are so complex or severe as to require specialty care.

Advocates and others have expressed concern that while twenty percent of Social Security and/or SSI disability claims involve orthopedic impairments, only two percent of DDS Medical Consultants are orthopedic specialists. In actuality, NADE believes that this is the best utilization of expensive and scarce specialist resources and is consistent with direct patient care and current medical staffing models. As an example, the vast majority of back pain in this country is evaluated and treated by General Practitioners, Internists, Family Practitioners and Chiropractors; only a small percentage require referral to an Orthopedic specialist or surgeon. This same principle holds true for Social Security and SSI disability claims; the generalist DDS Medical Consultant provides critical screening of disability claims for efficient utilization of scarce and more expensive specialist Medical Consultants.

While the vast majority of SSA and SSI disability claims do not require review by a medical specialist, NADE does agree that adjudicators at all levels need access to such specialists. Currently, the majority of DDSs lack easy access to the full range of medical specialists. However, there is a wealth of specialty Medical Consultant expertise employed in or under contract with DDS offices throughout the country. In addition, there is also a substantial number of specialty Medical Consultants employed in or under contract with SSA's Regional Offices who do medical reviews for the Disability Quality Branch (DQB) offices; there are Medical Consultants in the Federal DDS who perform case reviews and in SSA's Central Office who address policy issues and second-level rebuttals when the need arises. These medical specialists have experience with the Social Security and SSI disability programs and, with

Position Paper, continued from page 19

the accessibility provided by the electronic disability folder, could form a cadre of Federal medical experts to consult with DDS Medical Consultants, Disability Examiners and Administrative Law Judges (ALJs). Fostering a collegial, educational and cooperative relationship between all SSA components would be vastly superior to what currently seems like an adversarial and counterproductive relationship. Utilizing the existing expertise of current medical DDS, Regional Office, and Central Office specialists already trained in SSA disability rules and regulations is a low cost and immediate way to provide consultation across all components of the disability program, DDSs, DQB, OHAs and the Appeals Council.

NADE is impressed both by the scope of the Institute of Medicine's study and by the credentials and experience of the Committee members. It is NADE's opinion that this type of expertise lends support and credibility to the efforts to improve the incredibly complex Social Security disability determination process. Because any change in the SSA disability program or in the adjudication process must be implemented in a real world environment, NADE will continue to provide input and feedback as the IOM study progresses.

Approved by the NADE Board of Directors March 2005



Debi Chowdhury
Candidate for Chair of Council of Chapter Presidents

I WOULD LIKE to take this opportunity to announce my candidacy for Chairperson of the Council of Chapter Presidents.

I joined NADE twelve years ago when I started working as a disability analyst at the NY DDS in 1993 and have served in every capacity including Chapter President nine times in the last twelve years.

Serving NADE has been an honor in local, regional and national level in many capacities. Past president Debi Gardiner and Jeff Price both appointed me as NDPW chair. Past President Terri Klubertanz appointed me as election and credentials chair. I served on the Long Range Committee for two years and have been the NE regional representative to the Publications Committee for the last nine years.



Debi Chowdhury

On a regional level I served for two years as NE regional vice president, and then as NE regional president for three years. I was just elected as NE regional President at the quad regional in Raleigh, North Carolina.

I am currently recertified through NADE.

I am the current Past President and President elect of ESADE and due to current chapter president stepping down have had to take over as current President of ESADE. It was my honor to be the conference coordinator for the Bi-Regional and the National hosted by ESADE in 1998 and 2003 respectively.

In the past year I have had the opportunity to serve NADE as chairperson of Council of Chapter Presidents and through this opportunity I have continued to learn and grow in the process. Through NADE I have had the opportunity to have a few friends in every state.

Communications is the most important key in developing relationships, strengthening friendships and forging new strategies to surviving the disability game. It has been a pleasure to serve NADE in many positions and I will continue to serve NADE always in any capacity.

I therefore respectfully ask for your support. Thank you.

WANTED: A Few Good Men and/or Women Call for Nominations

By Rebecca Calvert, Nominations Chair

The National Training Conference is just a few months away! It is time once again to give serious thought and consideration to running for a NADE national office. The call for nominations is currently open for the positions of NADE President Elect, Secretary and Treasurer. The election will take place during the General Membership Meeting at the 2005 National Training Conference to be held September 10-15, 2005 in Boise, Idaho.

The qualifications necessary to be a candidate are to be a member in good standing, a desire to promote the continuing positive impact of NADE on Social Security Disability and a willingness to commit your time, energy and ideas to the advancement of the National Association of Disability Examiners.

Are you that committed man or woman with a desire to advance NADE through your ideas and efforts? If so, express your interest by submitting a recent photograph and a brief resume announcing your candidacy to a Nominations Committee Member no later May 15, 2005. By doing so, you will insure that your candidacy will be announced in the summer edition of the *NADE Advocate*. Past practice dictates that nominations be accepted from the floor during the General Membership Meeting at the NADE conference, but the advantage of exposure goes to those that submit their interest in candidacy in advance!

Feel free to contact me or any of the Nominations Committee Members listed below. We eagerly await your responses!

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Congratulations to the following NADE members on their retirements:
Bruce Blackmon, MD THADE (North Carolina DDS) - retired March 2005
Pat Smith LADE (Shreveport LA) retired March 2005
Mark Francis FADE (Miami FL DDS) retiring June 2005

**NADE THANKS ALL CORPORATE SPONSORS FOR THEIR
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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

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Goal of Prosthetics Is To Give Life Back To Amputees

by Beth Leverett, Arkansas DDS

SCOTT SABOLICH PROSTHETICS and Research is based in Oklahoma City and was founded in 1943. It is the largest and most advanced prosthetics facility in the US. The prosthetics industry has been stagnant, but now advanced space age technology is bringing new developments to the field. The design goals of prosthetics are to mimic the human body and give life back to amputees.

*The United States is
the leader
in prosthetic design.*

Jay Martin, a prosthetic designer, had examples of various prostheses and described their features and limitations. By designing new prosthetics he is able to help the hopeless and dispirited to become very different people. Prosthetic devices may do something as simple as helping an individual be independent in transferring, or enable an athlete to run again. All prosthetic devices are custom made, as our bodies are all different. Fit can be affected by as little as a 16th of an inch, and the human body is dynamic, changing from day to day and year to year. The most important element is the socket, which allows interface between the body and the prosthetic.

New advances include sensor technology with a myoelectric prosthesis that can pick up the flexion and extension of the extremity. Other advances include developing tactile stimulation and temperature. These types of devices will enable the amputee to have much improved balance, gait symmetry and use less energy to walk. A device which is available now for major above the knee amputees includes a computer controlled knee system which provides those benefits, and also enables the individual to have fewer injuries, better cardiovascular health and go back to work. Jay pointed out that for unilateral upper extremity amputees, the prosthesis becomes a tool, but bilateral amputees must rely on their prosthesis alone. One of his patients, a Bilateral UE amputee, can now tie a tie with his prosthesis, and feel the warmth of his wife's hand.

Prosthetic design strives to make devices which are functional, safe and lifelike, and integrate these into the human body. Designers are now trying to tap into neural integration and computer assisted joint systems. However, a prosthesis for runners is more like a pogo stick that returns 95% of the energy expended to the human body. Jay presented a film featuring Marlon Shirley and Casey Tibbs, both gold medalists in the world ParaOlympics. Marlon's speed is within one second of an able bodied runner.

The United States (U.S.) is the leader in prosthetic design. The leading causes of amputation in the U.S. are Diabetes, cardiovascular disease and trauma. In the Third World the leading cause is land mines, and technology in design is years behind the US. One factor limiting the type of prosthesis which is available to patients in the US is insurance. However, prosthetic designers do attempt to convince insurance companies that their cost and future liability will be decreased by providing a device which will enable amputees to return to a productive life and to work activity.

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