

Social Security Disability—

What To Do and How To Do it

Covers every procedural step, with candid strategies for common hurdles and digitized forms for most tasks

Detailed guidance is important when navigating the hidden rules, obscure interpretations, and frequent delays common to Social Security disability cases.

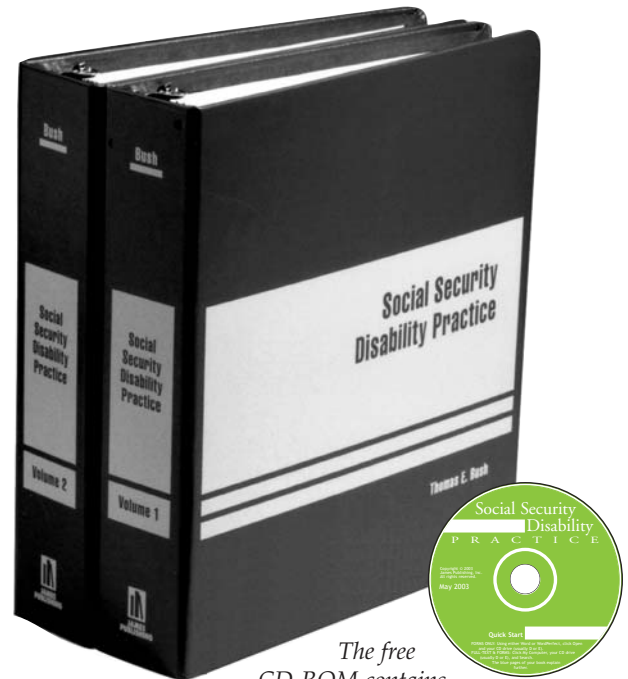
Turn to Tom Bush's *Social Security Disability Practice* when challenges or questions arise. This 1,100-page masterwork covers the waterfront of social security disability practice:

- Selecting good cases. *Sections 160-62*
- Determining the basis for denial, and common erroneous reasons for denial. *Sections 173, 207*
- Comparison of Social Security disability and SSI. *Section 135*
- Obtaining and dealing with medical and vocational opinion evidence. *Section 220*
- Impairment-specific RFC questionnaires. *Section 230*
- Issues commonly arising in hearings. *Section 287*
- Preparing claimants and witnesses to testify, including questionnaires and letters. *Section 290*
- Specific and detailed hearing questions for claimants, witnesses, and experts. *Chapter 3*
- Proving inability to do unskilled sedentary work, including cross-examination questions. *Section 346.6*
- Using the Medical-Vocational Guidelines as framework for decision-making, with charts, questions for the vocational expert, and court decisions. *Section 348*
- *Res judicata* and reopening applications. *Section 370*
- Index of key rulings. *Appendix 1*
- Calculating back benefits, with worksheet. *Section 430*
- Payment issues and solutions, with directory of contact information. *Section 440*
- Developing a legal theory for appeal, with checklist and sample briefs. *Chapter 5*
- Attorney fee issues and solutions. *Chapter 7*

And much, much more!

"The first book I reach for.
Answers 90% of my questions."

Robert C. Angermeier
Milwaukee, WI



The free
CD-ROM contains
the entire book text, plus 150 modifiable forms. The text is
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\$149

Includes a Complete Hearing Guide

A 100-page, start-to-finish guide to the hearing provides detailed explanations of common hearing procedures for frequently encountered situations, strategies for circumventing traps and maximizing opportunities, solutions to common problems, and hundreds of model hearing questions for:

Claimants

- Work experience
- Medical history
- Current treatment
- Physical symptoms
- Mental symptoms
- Residual functional capacity
- Daily activities

Lay Witnesses

- Pain, fatigue, emotions
- Examples of strong vs. weak testimony

Government's Medical Expert

- Equaling the listings
- Residual functional capacity testimony

Vocational Expert

- Using DOT to cross-examine
- Attacking common VE claims
- Using the grids as a framework
- Sedentary unskilled jobs within RFC for alternate sitting and standing
- Transferable skills

**See inside for sample pages, author
biography, and tables of contents
and forms...**

Helpful Charts, Appendices, and Forms

Social Security Disability Practice contains dozens of charts that provide useful summaries of disability concepts:

1. Use “Maximum RFC Permitted for Disability Finding” to quickly determine what exertional limitations a claimant must have in order to win a disability case. *Section 121.1*
2. “Social Security Disability and SSI Compared” summarizes differences between the two programs. *Section 135*
3. “Physical Limitations and Their Effects on Ranges of Work” will help you understand specific medical restrictions. *Section 271.1*
4. Author Tom Bush keeps a copy of “Different Standards of Transferability for Different Ages” in his briefcase for questioning vocational experts at hearings. *Section 349.6*

The appendices contain a wealth of practical resources:

5. Begin your research on disability issues with “Guide to Important Social Security Rulings and Acquiescence Rulings.” *Appendix 1*
6. Prepare for cross-examination with “Medical Expert Handbook,” “Vocational Expert Self-study Guide” and

“The most comprehensive and practical resource I have seen yet in Social Security disability.”

— Jeffrey P. Berg, Cedar Rapids, IA

“This book is an excellent practice guide, providing the kind of information experienced Social Security advocates rely on to make their practices more effective and efficient.”

— The Vermont Bar Journal Review

“A ‘must’ for anyone in Social Security practice.”

— Karon Martin, Maumelle, AR

“(It) contains everything one needs to learn ‘what to do’ and ‘how to do it’ in Social Security law. Both novices and experienced professionals will benefit from this book.”

— The Rehabilitation Professional Review

“If you can only afford one Social Security guide, this is the one to get.”

— Severe Book Review

“Vocational Expert Handbook” excerpts from manuals given by SSA to medical and vocational experts. *Appendices 4, 7, and 8*

7. Vocational experts frequently testify with questionable validity that they know from “experience” of unlisted jobs that qualify as Unskilled Sedentary Occupations. Use this Dictionary of Occupation Titles list together with Tom Bush’s recommended cross-examination questions to shoot them down. *Appendix 5*
8. “The Advocates’ Conflicting Obligations Vis-a-vis Adverse Medical Evidence in Social Security Proceedings” tackles the ethical issue that haunts all practitioners—must you submit an adverse medical report? *Appendix 9*
9. “Sources of Information” provides summaries, critiques, and ordering information for dozens of other helpful resources. *Appendix 2*

Over 150 forms are included. All have been practice-tested by the author. The CD makes it easy to customize them for your own use.

10. The telephone intake form helps screen out frivolous cases, and the claimant questionnaire, while lengthy, is a real attorney timesaver. Accompanying client letters and memos reduce the number of common client questions you have to answer. *Sections 164-67, 181*
11. Overcome low back pain denials with maximum detail and explanations from the treating physician using the “Lumbar Spine RFC Questionnaire.” *Section 231.2*
12. “Activities Questionnaire,” sent a few days before the hearing, can help claimants think about how their impairments have changed their lives. *Section 291*
13. With these model questions, show that the vocational expert’s testimony about the number of unskilled sedentary jobs within the claimant’s RFC is hogwash. *Section 348.8*
14. Detailed hearing questions for the claimant on work experience, medical history and treatment, physical and mental symptoms, RFC, and daily activities. *Sections 312-19*

From the publisher of Young & Dawes’ *Social Security Advisory Service*, Wilborn’s *Social Security Disability Advocate’s Handbook*, Moton’s *Medical Issues in Social Security Disability* and *Social Security Disability Medical Tests*, and Bohr’s *Social Security Issues Annotated*

Table of Forms

Agreements, briefs, charts, checklists, diagrams, directories, examination questions, fact sheets, letters, memorandums, motions, notices, requests, standards, and Mr. Bush's timesaving, case-winning, impairment-specific RFC questionnaires

1. Initial Client Contact

Disability Decision and Sequential Evaluation Process
Maximum RFC Permitted for Disability Finding
Social Security Disability and SSI Compared
The Appeal Process
Memorandum to Social Security Disability/SSI Applicants
Social Security Disability Telephone Intake
Letter to Prospective Client
Claimant Questionnaire
Claimant Psychiatric Questionnaire
Interview Form
Appointment of Representative
Request for Hearing
Claimant's Statement When Request for Hearing Is Filed
Letter to Claimant Following Initial Interview
Initial Letter to OHA
Initial Letter to Social Security Office

2. Prehearing Procedure

Contents of the Disability File
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Disability Report — Field Office
Work History Report
Function Report
Pain Report
Sample Earnings Record
Disability Determination and Transmittal
Residual Functional Capacity Assessment
Medical Assessment of Ability to Do Work-related Activities (Physical)
Medical Opinion Re Ability to Do Work-related Activities
Letter to Treating Doctor Transmitting RFC Questionnaire
Medical Opinion Regarding Physical Capacity for Work

Impairment-specific Residual Functional Capacity Questionnaires:

Arthritis, Bladder Problem, Cardiac, Cardiac Arrhythmias, Cervical Spine, Chronic Fatigue, Chronic Pain, Chronic Pancreatitis, Cirrhosis/Liver Disease, Congestive Heart Failure, Crohn's & Colitis, Diabetes & Mellitus, Dizziness, Fibromyalgia, Gastritis, Headaches, Hepatitis C, HIV, Interstitial Cystitis, Leukemia, Lumbar Spine, Lupus (SLE), Lymphedema, Manipulative Limitations, Meniere's Disease

Mental Disorders, Multiple Sclerosis, Myasthenia Gravis, Obesity, Parkinson's Disease, Peripheral Neuropathy, Physical, Post Poliomyelitis, Pulmonary, Reflex Sympathetic Dystrophy, Seizures, Sickle Cell Anemia, Sleep Disorders, Somatoform, Spinal Nerve Root Compression, Stroke, Thyroid Disorder, Vestibular Disorder, Vision Impairment

Psychiatric Review Techniques
Mental Impairment Questionnaire

DSM-III Axis V
DSM-IV Axis V
Medical Assessment of Ability to Do Work-related Activities (Mental)
Mental Residual Functional Capacity Assessment
POMS Sections DI24510.060-65—Mental RFC Assessment
POMS Section DI25020.010—Mental Limitations
Medical Opinion Re Ability to Do Work-related Activities (Mental)
Mental Impairment Questionnaire (RFC & Listings)
Somatoform Impairment Questionnaire (RFC & Listings)
Drug Addiction and Alcoholism Chart
Doctor's Opinion Re Consistency of Symptoms and Limitations
Physical Residual Functional Capacity Questionnaire
Physical Limitations and Their Effects on Ranges of Work
POMS Section DI25020.001 — Functional Limitations and Their Effects on Ranges of Work
Letter to Client Re Hearing Date
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Proposed Findings and Decision
Social Security Hearing Sheet
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Testifying at Your Disability Hearing
Letter to Lay Witnesses
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3. The Hearing

Questions for Eliciting Claimant's Testimony
Questions for Cross-examining a Vocational Expert
Analysis of the Light Occupational Base
Unskilled Light Occupations — Manipulative Limitations
Request for Subpoena Duces Tecum to Vocational Expert with Attachment
Questions for the Vocational Expert About the RFC for Alternate Sitting and Standing Transferability Standards
Questions for the Vocational Expert About Transferable Skills
Frequently Asked Questions About Res Judicata, Administrative Finality and Reopening
Notice Regarding Substitution of Party Upon Death of Claimant
Claim for Amounts Due in the Case of a Deceased Beneficiary
Hearing Checklist

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Favorable Decision Checklist
Favorable Decision Summary/Worksheet

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Letter to Concurrent Claimant After Receipt of Favorable Decision
Letter to Social Security Office Requesting Copies of SSI Notice
Letter to ALJ Re Failure to Issue Order Approving or Disapproving Fee Agreement
Notice of Intent to File Fee Petition
Request for Withdrawal of Application
Loan Agreement
Agreement to Repay Living Expenses Prior to Payment of SSI Back Benefits
Worksheet of Past Due Benefits/Attorney's Fees
ODIO Inquiries and Manager Telephone and Fax Numbers
Program Service Center Addresses and SSN Jurisdiction
Program Service Center Phone/Fax Numbers
Request for Waiver of Overpayment Recovery or Change in Repayment Rate

5. Appeals Council

Request for Review of Hearing Decision
Brief: Transferable Skills
Brief: Substantial Gainful Activity
Brief: Due Process
Brief: Using the Grids as a Framework
Brief: Substantial Evidence
Disability Case Fact Sheet
Disability Case Analysis and Recommendation

6. Federal Court Review

Complaint
Application and Affidavit for Leave to Proceed *in Forma Pauperis*
Order Granting Leave to Proceed *in Forma Pauperis*

7. Attorney's Fees

Days from Favorable Decision to Notice of Award
Fee Agreement Fees Paid: Days from Notice of Award to Receipt of Check
Petition to Obtain Approval of a Fee for Representing a Claimant Before the Social Security Administration
Fee Petition Transmittal Flag
Motion for Authorization of Attorney's Fees
Federal Court Fee Agreement
Motion for Attorney's Fees (Fourth Sentence Judgment Case)
Motion for Judgment (Sixth Sentence Remand Case)
Motion for Attorney's Fees (Sixth Sentence Remand Case)
Plaintiff's Affidavit and Assignment of EAJA Fee
Supporting Affidavit
Plaintiff's Attorney's Affidavit

1-16.1 INITIAL CLIENT CONTACT 8121

§121.1 Chart: Maximum RFC Permitted for Disability Finding

Age	Education	Previous work experience	Max. RFC	Rule
60-64	6th grade or less	Unskilled	Medium	803.01
	7th to 11th grade	Unskilled	Light	803.01
	11th grade or less	None	Medium	803.02
	11th grade or less	Skilled or semiskilled—skills not transferable	Light	803.02
High school graduate or more—does not provide for direct entry into skilled work	Unskilled or none	Light	803.04	
	Skilled or semiskilled—skills not transferable	Light	803.06	
55-59	11th grade or less	None	Medium	803.10
	11th grade or less	Unskilled	Light	803.01
High school graduate or more—does not provide for direct entry into skilled work	Unskilled or none	Light	803.04	
	Skilled or semiskilled—skills not transferable	Light	803.06	
60-64	Illiterate or unable to communicate in English	Unskilled or none	Sedentary	801.09
	11th grade or less—at least literate and able to communicate in English	Unskilled or none	Sedentary	801.12
High school graduate or more—does not provide for direct entry into skilled work	Unskilled or none	Sedentary	801.14	
	Skilled or semiskilled—skills not transferable	Sedentary	801.17	
45-49	Illiterate or unable to communicate in English	Unskilled, none, or skilled or semiskilled—skills not transferable	Sedentary	801.00(h)
18-44	All educational levels—at least literate and able to communicate in English	Unskilled, none, or skilled or semiskilled—skills not transferable	Sedentary	801.00(h)
	Illiterate or unable to communicate in English	Unskilled, none, or skilled or semiskilled—skills not transferable	Sedentary	801.00(h)

Even the appendix is loaded with time-saving tools, like this handy guide to the rulings.

APPENDIX A-3

Initial Social Security Rulings and Acquiescence Rulings

This index consists of two parts. The first part is organized following the sequential evaluation process. The second part deals with other issues arranged alphabetically. All current rulings and Acquiescence Rulings dealing with disability issues are included.

Note that an Acquiescence Ruling, identified AR, applies only in the circuit in which the court decision was made. The circuit number appears in parentheses following the number of the Acquiescence Ruling.

Part 1: The Sequential Evaluation Process

General:

- SSR 82-53 Basic Disability Evaluation Guides
- SSR 86-8 The Sequential Evaluation Process

Note: In both of the above rulings, discussion of determination of disability for SSI children no longer applies and discussion of widow(er)s' entitlement to Title II benefits has been superseded by SSR 91-3p.

Age 65 or Older:

- SSR 99-3p Evaluation of Disability and Blindness in Initial Claims for Individuals Age 65 or Older

Onset and Duration:

- SSR 82-52 Duration of the Impairment
- SSR 83-20 Onset of Disability

Step 1: Is the claimant engaged in substantial gainful activity?

- SSR 76-4a Rebuttal of Presumption of Ability to Engage in Substantial Gainful Activity
- SSR 83-33 Determining Whether Work is Substantial Gainful Activity—Employees
- SSR 83-34 Determining Whether Work is Substantial Gainful Activity—Self Employed Persons
- SSR 83-35 Averaging of Earnings in Determining Whether Work is Substantial Gainful Activity
- SSR 84-24 Determination of Substantial Gainful Activity for Persons Working in Special Circumstances – Work Therapy Programs in Military Service – Work Activity in Certain Government Sponsored Programs
- SSR 84-25 Determination of Substantial Gainful Activity if Substantial Work Activity is Discontinued or Reduced – Unsuccessful Work Attempt
- SSR 84-26 Deducing Impairment Related Work Expenses From Earnings in Determinations as to Substantial Gainful Activity Under Titles II and XVI and As To Countable Earned Income Under Title XVI
- SSR 94-1c *Dotson v. Shalala*, 1 F.3d 571 (7th Cir. 1993) – Illegal Activity as Substantial Gainful Activity

Step 2: Is the claimant's impairment "severe"?

- SSR 85-28 Medical Impairments That Are Not Severe
- SSR 88-3c *Brown v. Tucker*, 482 U.S. 137 (1987) – Validity of the Severity of Impairment Regulation

2-137 PREHEARING PROCEDURE 8331

§231.2 Form: Lumbar Spine Residual Functional Capacity Questionnaire

To: _____

Re: _____ (Name of Patient)

_____ (Social Security No.)

Please answer the following questions concerning your patient's impairments. Attach all relevant treatment notes, radiologist reports, laboratory and test results that have not been provided previously to the Social Security Administration.

- Frequency and length of contact: _____
- Diagnoses: _____
- Prognosis: _____
- Identify the clinical findings, laboratory and test results that show your patient's medical impairments: _____
- Is your patient a malingering? Yes No
- Identify all of your patient's symptoms, including pain, insomnia, fatigue, etc.: _____
- If your patient has pain:
 - Characterize the nature, location, radiation, frequency, precipitating factors, and severity of your patient's pain: _____
 - Identify any positive objective signs:
 - Reduced range of motion: _____
 - Deformation: _____

The forms, worksheets, letters, charts, and questionnaires are accompanied by detailed use notes. The free forms CD eases customization and completion.

Summary of Contents

1. Initial Client Contact

- Disabled — A Term of Art
- Determining Disability Under the Regulations and Rulings
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- Social Security Disability and SSI: Nondisability Requirements and Other Differences
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- EAJA Sample Pleadings
- Payment of EAJA Fees

8. Appendices

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- Unskilled Sedentary Occupations
- Social Security Administration Telephone Numbers and Addresses
- Vocational Expert Handbook, pp. 9-25
- Medical Expert Handbook, pp. 11-29
- The Advocate's Conflicting Obligations Vis-a-vis Adverse Medical Evidence in Social Security Proceedings
- Glossary

Positive straight leg raising test:
Left at _____ Right at _____

Abnormal gait
 Sensory loss
 Reflex changes
 Tenderness
 Crepitus
Other signs: _____

Swelling
 Muscle spasms
 Muscle atrophy
 Muscle weakness
 Impaired appetite or gastritis
 Weight change
 Impaired sleep

8. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?
 Yes No

9. Are your patient's impairments (physical impairments plus any emotional impairments) reasonably consistent with the symptoms and functional limitations described in this evaluation?
If no, please explain: _____
 Yes No

10. How often during a typical workday is your patient's experience of pain or other symptoms severe enough to interfere with attention and concentration needed to perform even simple work tasks?
 Never Rarely Occasionally Frequently Constantly

For this and other questions on this form, "rarely" means 1% to 5% of an 8-hour working day; "occasionally" means 6% to 33% of an 8-hour working day; "frequently" means 34% to 66% of an 8-hour working day.

11. Identify the side effects of any medication that may have implications for working, e.g., dizziness, drowsiness, stomach upset, etc.:

12. Have your patient's impairments lasted or can they be expected to last at least twelve months?
 Yes No

13. As a result of this evaluation, please place a check in the appropriate box:
a. How often do you use this form?
 Never Rarely Occasionally Frequently Constantly
b. Please give your name and address:
Name: _____
Address: _____
City: _____

Mr. Bush's RFC questionnaires are used by thousands of practitioners. More important, they will save you dozens of hours and can win cases for you.

§200 Analysis of Hearing Exhibit File

Perhaps the most common single reason for an erroneous denial is that the state agency overestimated the claimant's residual functional capacity. For example, the state agency may have determined that the claimant is capable of medium work, but the claimant is actually limited to light work, an RFC that may, if the claimant is old enough, lead to a finding of disability under the Medical Vocational Guidelines. If this is an issue in the case, concentrate on obtaining medical opinion evidence and other evidence that demonstrates your client's correct RFC.

Other common examples of erroneous reasons for denial are:

- an impairment was determined to be "not severe";
- the claimant's mental impairment was determined not to meet the Listings;
- additional impairments were not considered;
- the claimant's allegations of pain were not properly evaluated;
- the state agency did not gather evidence showing that the claimant's impairment meets the Listings;
- the claimant was determined to be capable of past work but the state agency underestimated the exertional level of the past work both as the claimant actually performed it and as the occupation is usually performed; and
- the state agency used the claimant's years of formal schooling for establishing educational level but testing shows the claimant's educational level is considerably lower.

Other possibilities are virtually limitless. By understanding how the state agency came to its conclusion that your client was not disabled, you may find discrete issues in the case on which to focus in developing proof that your client is disabled. Sometimes the state agency's error is so obvious that you may want to point it out to the ALJ well in advance of the hearing in conjunction with a request for an on-the-record favorable decision. See §282.

At the same time, it is important not to neglect the rest of the proof that your client is disabled. The ALJ does not always have to accept conclusions that your client's impairment really does meet the Listing.

The text contains practice tips learned over decades of practice, step-by-step procedure outlines, and hundreds of supporting authorities.

3. While you stand, can you stand:

- continuously in one stretch?
- total during an eight-hour working day?

3. When you sit, can you stand:

- without, for example, moving away from a machine?
- without leaning against something?
- in a work-like position:
 - with your arms extended
 - with hands available to manipulate objects?
 - with neck slightly bent forward?

4. What happens if you try to stand too long?

5. Examples of standing limitations:

- waiting in line
- standing at the stove to cook
- doing dishes at the sink
- waiting for a bus.

§318.4 Walking

1. Do you have any problem with walking?

2. How long how far can you walk:

- continuously in one stretch without stopping to rest?
- total during an eight-hour working day?

3. Can you walk:

- without an assistive device?
- at a normal speed?

4. What happens if you try to walk too far?

5. Do you have any problem keeping your balance on a slippery or moving surface?

6. Examples of walking limitations:

- walking the aisles at a grocery store
- walking around the neighborhood

6. What happens when you try to lift or carry too much?

§318.6 Postural Limitations

1. Describe any difficulty:

- bending at the waist
- twisting
- stooping (bending the spine)
- kneeling (bending the legs)
- crouching (bending both the spine and the legs)

2. Can you do these activities:

- climbing stairs
- climbing a ladder
- other climbing

3. Can you do these activities:

- up to one-third of a working day?
- from one-third to two-thirds of a working day?
- three-quarters to full of a working day?

3. What happens if you overdo any of these activities?

§318.7 Manipulative Limitations

1. Are you left or right-handed?

2. Describe any difficulty using your hands and arms for:

- reaching all directions, including overhead
- handling objects (gross manipulation)
- finishing (fine manipulation)
- feeling
- pushing or pulling
- twisting the wrists
- working with hand tools, e.g., screwdrivers, pliers

3. Do you have any problem with dropping things?

4. Do your hands ever shake? go numb? have a pins and needles sensation?

5. How well can you perform the following?

- opening a jar
- opening a door
- buttoning clothes
- picking up coins
- writing
- walking the dishes.

6. Can you do repetitive hand activities for most of an eight-hour working day?

"Thomas Bush's *Social Security Disability Practice* guide is a tremendous asset to my practice. One ALJ said I should run seminars to pass the word about (Bush's) questionnaires. He told me that the doctor's responses to the RFC questionnaire for Headaches were what won my case — and we thought the main issue of disability was my client's bad back...the Headaches Questionnaire saved the case!"

— Patricia Hall, Ventura, CA

"I subscribe to many of the major services relating to Social Security disability as well as the leading CD-ROM services. Whenever a legal issue arises, the first book I reach for is Tom Bush's *Social Security Disability Practice*. Mr. Bush answers 90% of my questions within a very few minutes. Social Security practitioners should know the "wheel" has been invented."

— Robert C. Angermier, Milwaukee, WI

"Your new edition...is one of the most practical books I have ever seen."

— Daniel J. Siegel, Collingswood, NJ

"One of the most candid and well-written books on my shelf."

— Virginia L. Erdman, Wausau, WI

About the Author

Thomas E. Bush has devoted his practice to Social Security disability issues since 1977. He has regularly written and spoken about social security disability issues to other lawyers, advocacy groups, and the general public. The two brochures he has written, "Social Security Disability and SSI Claims-Your Need for Representation" and "Preparing for Your Social Security Disability or SSI Hearing," are in use all over the country.

A member of the National Organization of Social Security Claimants' Representatives (NOSSCR) since 1980, he was elected to the Board of Directors in 1988. He was President of NOSSCR for the 1997-98 term.

Mr. Bush may be reached at 161 W. Wisconsin Ave., Suite 5185, Milwaukee, WI 53203, (414) 765-9333. Please call the publisher at (800) 440-4780 if you simply wish to order the book.

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Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____ Bar #: _____

Signature (required): _____

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Considered by many to be the most practical work in the field, *Social Security Disability Practice* is chock-full of practice-proven forms. Developed by author Tom Bush for his own office, these forms will save you hours and improve your advocacy.

You will find helpful agreements, briefs, charts, checklists, diagrams, directories, examination questions, fact sheets, letters, memorandums, motions, notices, requests, standards, and Mr. Bush's renowned, impairment-specific RFC questionnaires:



"One ALJ said I should run seminars to pass the word about Mr. Bush's RFC questionnaires after his Headache Questionnaire saved my case."
—Patricia Hall
Ventura, CA

46 residual functional capacity questionnaires

- Arthritis
- Bladder Problem
- Cardiac
- Cardiac Arrhythmias
- Cervical Spine
- Chronic Fatigue
- Chronic Fatigue Syndrome
- Chronic Pain
- Chronic Pancreatitis
- Cirrhosis/Liver Disease
- Congestive Heart Failure
- Crohn's & Colitis
- Diabetes Mellitus
- Dizziness
- Fibromyalgia
- Gastritis
- Headaches
- Hepatitis C
- HIV
- Interstitial Cystitis
- Leukemia
- Lumbar Spine
- Lupus (SLE)
- Lymphedema
- Manipulative Limitations
- Mental
- Meniere's Disease
- Multiple Sclerosis
- Myasthenia Gravis
- Obesity
- Parkinson's Disease
- Peripheral Neuropathy
- Physical
- Post Poliomyelitis
- Pulmonary
- Pulmonary
- Reflex Sympathetic Dystrophy
- Seizures
- Sickle Cell Anemia
- Sleep Disorders
- Somato Form
- Spinal Nerve Root Compression
- Stroke
- Thyroid Disorder
- Vestibular Disorder
- Vision Impairment