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Social Security Newsletter



April 1, 2020

The center for disease control says that the number of people with doctor-diagnosed arthritis has climbed from roughly 46 to 50 million over the last four years. The CDC also projects that more than one in four people suffering from arthritis will suffer work limitations. This is in line with predictions based on the aging population.

Demonstrating Limitations for Arthritic Impairments

The increase in cases of arthritis is not surprising with the aging population.

In spite of promising new drug treatments, arthritis is still a major disabling condition. The disease eats away at cartilage, tissue and bone. It causes unremitting pain, and can sometimes be seen in the twisted fingers and painful joints of its victims.

The Social Security Administration (SSA) regulations view some forms of arthritis as orthopedic impairments, and some as autoimmune disorders. Osteoarthritis is evaluated as an orthopedic impairment by lab tests and effect on soft tissue, bones and joints. Other forms of arthritis such as the connective tissue, psoriatic and rheumatoid forms of the illness (lupus, sclerosis and scleroderma) are evaluated under the autoimmune regulations.

Any favorable decision requires more than a simple diagnosis. The medical charts must include the usual appropriate lab tests or biopsy findings, and must also document ongoing reduction in mobility and reports



of pain. Remember, as in any disability claim, the focus is on func-tion, not diagnosis.

Showing functional limitation is an integral part of proving a case. Along with detailed medical records, it is helpful to have clear statements from doctors and witnesses about limita-tions in use of hands, use of arms or legs, and ability to sit, stand and walk. It is particularly important to note fine motor skill problems, such as inability to write or hold a pen or coffee cup.

If repetitive motion exacerbates pain, this should be noted. There is a big difference in being able to lift something once and being able to lift multiple times during a day. If a person must lie down and rest for extended periods, it is important to have this noted in the medical records.

An examination by a rheumatologist is optimal, but may not always be practical. Unfortunately, it is rare that SSA will send a claimant out for a consultative examination with a board-certified expert. X-rays are rou-tinely done, but x-rays do not show soft tissue and cartilage damage and may not show bone deterioration.

Recent regulatory changes recognize the superior forms of evidence that can be provided by MRI's and CAT



scans. SSA says, however, that these are "quite expensive and we will not routinely purchase them." Applicants fortunate enough to have treating physicians who will order these tests are in a better position to win claims.

Social security disability law asks whether a person is able to do fulltime work on a predictable, con-sistent and productive basis. Ability to work on a hit-or-miss basis is not enough. Our office will work with you to be certain all the evidence is prepared and presented in the best possible way to win your client's case.

Thank You

For many years we have been working with the disabled in our community. We value our commu-nity professionals who reach out and assist people suffering with disabilities. Please never hesitate to call or email us if we can be of assistance to you, your colleagues, your clients and friends.

