

Social Security Disability Fibromyalgia Worksheets

Prepared by Richard Podell, M.D., MPH

WORKSHEET 1A: Diagnosing Fibromyalgia Using the 1990 American College of Rheumatology Criteria (ACR). This method is acceptable for SSR 12-2p

According to the 1990 ACR Criteria to diagnose Fibromyalgia the patient should have:

1. a history of chronic widespread pain affecting all four quadrants of the body and also the spinal area for a period of at least 3 months
2. Pain produced when a standard level of pressure is applied to at least 11 of 18 anatomically defined sites on the body known as “tender points”.
3. “The presence of as second clinical disorder (that causes pain) does not exclude the diagnosis of Fibromyalgia.”

Source: The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Adapted by Dr. Podell from table 8 in Wolfe F, et. al., *The American College of Rheumatology 1990 criteria for the classification of Fibromyalgia: report of the multicenter criteria committee. Arthritis Rheum 1990;33:160-72.*

WORKSHEET 1B: Diagnosing Fibromyalgia Using SSR 12-2p, as adapted from the 2010 American College of Rheumatology Criteria (ACR). This method is acceptable for SSR 12-2p

SSR 12-2p states: “We may find that a person has a Medically Disabling Illness (MDI) of Fibromyalgia (FM) if he or she has all three of the following criteria:

1. A history of widespread pain.
2. Repeated manifestations of six or more FM symptoms, signs or co-occurring conditions, especially manifestations of fatigue, cognitive or memory problems (“fibro fog”) waking un-refreshed, depression, anxiety disorder, or irritable bowel syndrome.
3. Evidence that other disorders that could cause these repeated manifestations of symptoms and signs or co-occurring conditions were excluded.”

Comments:

1. For a discussion of the six or more FM symptoms please see Worksheet 1C.
2. With regard to point #3, SSR 12-2p seems to contradict the ACR Criteria. 1990 ACR states that you can diagnose FM despite co-occurring painful conditions. (“**The presence of a second clinical disorder does not exclude the diagnosis of Fibromyalgia.**”) Clinically, it is normal to diagnose Fibromyalgia in the presence of rheumatoid arthritis, disc Disease, osteoarthritis, etc. For the physician’s report I suggest considering using a statement such as “**Medical Evaluation has not disclosed any alternative diagnoses that better account for the patient’s symptoms and limitations.**”

WORKSHEET 1C (For client and for doctor) : Symptoms, Signs, or Co-occurring conditions that can satisfy SR12-2p's requirement for at least six conditions that affect symptoms or ability to function for people with Fibromyalgia. This is based on SSR 12-2p

Symptom, sign or Co-occurring Condition. (Say yes only to those symptoms that affect total symptom severity or function to more than a mild or minimal degree.	Do these conditions Significantly Increase Your Symptoms and/or Reduce Your Ability to Function? If yes, mark 3 if their effect is severe, 2 if moderate, 1 if slight or mild	
	Yes	No
Pain		
Fatigue		
Feeling Unrefreshed		
Cognitive Difficulties (concentration, memory)		
Irritable bowel syndrome		
Tension Headache		
Migraine		
Irritable bladder		
Interstitial Cystitis		
Temporal-mandibular joint dysfunction (TMD)		
Chronic Fatigue Syndrome		
Anxiety		
Depression		

For the rest, **Circle only those that apply:** *irritable bowel syndrome, muscle weakness, headache, pain or cramps in the abdomen, numbness or tingling, dizziness, insomnia, depression, constipation, pain in the upper abdomen nausea, nervousness, chest pain, blurred vision, fever, diarrhea, dry mouth, itching, wheezing, Raynaud's phenomenon, hives or welts, ringing in the ears, vomiting, heartburn, oral ulcers, loss of taste, change in taste, seizures, dry eyes, shortness of breath, loss of appetite, rash, sun sensitivity, hearing difficulties, easy bruising, hair loss frequent urination or bladder spasms."*
Others that might reasonably apply include: medicine side effects, heart disease, lung disease, cancer, neurological disorders, etc.

WORKSHEET 1D: SAMPLE LETTER DOCUMENTING THE DIAGNOSIS OF FM, Based on SSR 12-2P AND THE 2010 ACR CRITERIA

Dear Sirs:

Mr./Ms xx is a long time patient of mine who suffers from severe Fibromyalgia and related symptoms for approximately xxxx years. Because of this illness he/she has not been able to work since _____. Mr. /Ms. Xx is a reliable historian

Mr./Ms xx satisfies the diagnostic criteria for Fibromyalgia as set out in Social Security’s document SSR 12-2p: Titles II and XVI: Evaluation of Fibromyalgia.

Specifically Mr./Ms xx has a long history of chronic widespread pain—that is pain in all quadrants of the body and axial skeletal pain that has persisted for xxx years (must be at least 3 months).

Mr./Ms xx also demonstrates repeated manifestations of six or more Fibromyalgia symptoms, signs, or co-occurring conditions. These include:

1. Chronic fatigue
2. Cognitive or memory problems (“fibro fog”)
3. Waking from sleep unrefreshed

In addition, Mr./Ms xx also suffers from multiple additional symptoms, signs and/or co-occurring conditions .

These include:

4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

Social Security in their SSR 12-2p and The American College of Rheumatology’s 2010 report on Fibromyalgia provides a list of additional symptoms or co-occurring conditions that can also be considered for the above list of 9 symptoms or conditions. (Comment: Only six symptoms or conditions are required; but , if relevant, it might be useful to list several)

“Somatic symptoms that might be considered: **muscle pain, irritable bowel syndrome, fatigue/tiredness, thinking or remembering problems, muscle weakness, headache**, pain/cramps in the abdomen, **numbness/tingling**, dizziness, **insomnia**, depression, constipation, pain in the upper abdomen, nausea, nervousness, chest pain, blurred vision, fever, diarrhea, dry mouth, itching, wheezing, Raynaud’s phenomenon, hives/welts, ringing in ears, vomiting, heartburn, oral ulcers, loss of/change of taste, seizures, dry eyes, shortness of breath, loss of appetite, rash, sun sensitivity, hearing difficulties, easy bruising, hair loss, frequent urination, painful urination and bladder spasms.”

Other conditions that might be considered relevant include **The Side Effects of Medicines, Chronic Low Back Pain, Osteoarthritis, Interstitial Cystitis, Irritable bladder syndrome, Migraine Headache, Tension Headache, Temporal Mandibular Joint Dysfunction (TMD) and Chronic Fatigue Syndrome**. Please note: **I have put the most common occurring symptoms and co-occurring conditions into bold type.**

On-going medical evaluations have excluded conditions that better explain these repeated manifestations of symptoms, signs, or co-occurring conditions. The diagnosis of Fibromyalgia is confirmed.

Dr. YYYYYYY

(Format suggested by Richard Podell, M.D., DrPodell.org)

WORKSHEET 2A: The Widespread Pain Index (WPI), based on the 2010 ACR Criteria

This is a format for calculating the 2010 ACR's Widespread Pain Index (WPI). This is also required by SSR 12-2p in order to document disease severity. Patient should complete this and provide a copy to the physician.

Name _____ Date Completed _____

These are the areas of my body (out of a possible 19 areas) where I had pain during the last week

Instructions: Leaving a line blank means there was no pain in that area.

A single X (or check mark) means that pain occurred but was mild or infrequent. Two xx's (or two checks) means that pain was moderately severe or moderately frequent. Three xxx's (or three checks) means that pain in that area was severe or very frequent. (Please mark all sites that apply)

Shoulder girdle left	_____	Shoulder girdle right	_____
Upper Arm left	_____	Upper arm right	_____
Lower arm left	_____	Lower arm right	_____
Hip (buttock, trochanter)left	_____	Hip (buttock, trochanter)right	_____
Upper leg left	_____	Upper leg right	_____
Lower leg left	_____	Lower leg right	_____
Jaw left	_____	Jaw right	_____
Chest	_____	Upper back	_____
Abdomen	_____	Lower back	_____
Neck	_____		

of areas that were mildly painful _____ # of areas that were moderately painful _____

of areas that were severely painful _____ **Add these up to obtain the WPI:** _____

This is the Widespread Pain Index (0-19) The higher the WPI (and the higher the number of sites with moderate or severe pain) the more severe the probable functional limitations.

Format modified from 2010 ACR's table 4 by Richard Podell, M.D. DrPodell.org

WORKSHEET 2B: The Symptom Severity (SS) Score based on the 2010 ACR Criteria. Patient should complete this and give a copy to the physician

Symptom Severity (SS) Score based on the 2010 American College of Rheumatology Criteria and also SSR 12-2p

Name _____ Date _____

Based on how you felt during the last week please rank the severity of the following three symptoms on a scale of 0 to 3. Mark 0 if there was no problems. Mark 1 if the symptom caused slight or mild problems.

Mark 2 if the symptom was a "moderate or considerable problem, often present and/or at a moderate level". Mark 3 if the symptom was "severe: pervasive, continuous, or life-disturbing."

FATIGUE (0-3) _____ WAKING UNREFRESHED (0-3) _____

COGNITIVE SYMPTOMS (concentration, memory) _____ = TOTAL SS score= _____

Next, please refer to the long list of symptoms and conditions listed below. Social Security wants to know if you have **few**, a **moderate number** of or a **great many** of these so-called "**somatic symptoms**". Social Security considers these to be important in deciding whether you are able to work. **After you have reviewed the list please indicate below on the 0-3 scale below roughly how many of these symptoms you experienced in the last week.**

"Somatic Symptoms that might be considered: irritable bowel syndrome, muscle weakness, headache, pain or cramps in the abdomen, numbness or tingling, dizziness, insomnia, depression, constipation, pain in the upper abdomen, nausea, nervousness, chest pain, blurred vision, fever, diarrhea, dry mouth, itching, wheezing, Raynaud's phenomenon, hives or welts, ringing in the ears, vomiting, heartburn, oral ulcers, loss of taste, change in taste, seizures, dry eyes, shortness of breath, loss of appetite, rash, sun sensitivity, hearing difficulties, easy bruising, hair loss, frequent urination or bladder spasms...and/or co-occurring conditions such as anxiety disorder, chronic fatigue syndrome, irritable bladder syndrome, interstitial cystitis, temporal-mandibular joint dysfunction, gastroesophageal reflux disorder, migraine, sleep disorders or restless leg syndrome."

Other significant symptoms that can be considered include: side effects of medicines, anxiety, heart or lung disease or other health problems that adversely affect your ability to work.

Please score Zero if, during the last week, you had none of these symptoms. Score 1 if you had "few symptoms". Score 2 if you had a "moderate number of symptoms". Score 3 if you had "a great deal of symptoms".

My score on this "somatic symptoms in general" list is _____ (on a scale of 0-3)

Now add up all four of your SS scores:

Fatigue + Waking Unrefreshed + Cognitive Symptoms+ "somatic symptoms in general".

My total Symptom Score (SS) is _____ (on a scale of 0 to 12).

Finally, please go back now and circle any symptoms that are especially important and that want to be sure your doctor mentions in the doctor's report to Social Security.

(Format suggested by Richard Podell, M.D., DrPodell.org)

Worksheet 2C: Summary of Scores and Interpretation of the WPI and SS scales of the 2010 ACR Criteria for Fibromyalgia. (WPI=Widespread Pain Index, please see Worksheet 21; SS =Symptom Score, please see Worksheet 2B).

My Widespread Pain (WPI score (number of painful sites during the prior week) was _____
My Symptom Severity (SS) score (for non-pain symptoms) during the prior week was _____

A diagnosis of Fibromyalgia is confirmed if:

- a) WPI is $>/7$ and SS is $>/5$. Do I meet these criteria? No _____ Yes _____
b) WPI 3 to 6 and SS is $>/9$. Do I meet these criteria? No _____ Yes _____

Pain Symptoms are more severe the higher they are on a scale of 0-19.

Non-pain symptoms are more severe the higher the SS score on a scale of 0-12.

(Format suggested by Richard Podell, M.D., DrPodell.org)

WORKSHEET 3A: Importance of Good Days and Bad Days To Social Security's Decision Making Process.
Patient should complete and give a copy to physician.

SSR 12-2p specifically invites a discussion of how the patient's ability to function varies from day to day. "For persons with FM, we will consider a longitudinal record whenever possible because the symptoms of FM can wax and wane so that a person may have 'bad days' and 'good days'".

Patients with severe Fibromyalgia typically have "bad days" when they can barely leave the house, "medium days" when they can do somewhat more, and "Good days", when they can do considerably more. (This pattern is also seen with Chronic Fatigue Syndrome.)

"Bad days" often occur when a person with Fibromyalgia has attempted to push through his or her limits the day before. However, bad days also occur unpredictably, without any clear trigger. This unpredictability makes work commitments difficult.

In recent months for each 30 day period I typically have had about the following number of bad days _____ moderate days _____ good days _____ (total=30)

(Or) For most 7 day weeks I typically have the following number of bad days _____ moderate days _____ good days _____ (total =7)

WORKSHEET 3B: What Claimant Can And Can Not Do on Good Days and Bad Days Very Important. Patient should complete and give copy to physician.

On "bad days", I usually can do the following activities without causing a substantial or long-lasting increase of pain, fatigue or related symptoms:

On "bad days" I usually CAN NOT perform the following activities without causing a flare-up of symptoms for many hours or more

On "moderate days", I usually can do the following activities without causing a substantial or long-lasting increase of pain, fatigue or related symptoms:

On "moderate days" I usually CAN NOT perform the following activities without causing a flare-up of symptoms for many hours or more

On "good days", I usually can do the following activities without causing a substantial or long-lasting increase of pain, fatigue or related symptoms:

On "good days" I usually CAN NOT perform the following activities without causing a flare-up of symptoms for many hours or more

WORKSHEET 3C: What Happens When Patient Tries to do Too Much. Patient should complete and give copy to physician.

Give a specific example of what happened when I did too much during a “bad day” (Include, information about how long ago the incident occurred, what sort of exertion you did that caused a problem, what was the flare up like, about how long did it take you to recover back to your baseline)

Give a specific example of what happened when I did too much during a “moderate day”.

Give a specific example of what happened when I did too much during a “good day”.

Do your “bad days” tend to occur most often when you have done too much the day before? Yes _____

No _____ Example: _____

Do “bad days” also occur unpredictably for no obvious reason? Yes _____ No _____

Example: _____

(Format prepared by Richard Podell, M.D., DrPodell.org)

WORKSHEET 3D: Other Information Potentially Relevant to Demonstrating Claimant’s Functional Limitations. Please see text of my essay for information about these methods of documenting the severity of illness and it’s effects on the ability to work.

1. Fibromyalgia Impact Questionnaire Revised (FIQR). (May download from Dr. Podell.org, See Helpful Info, then See FIQR)
2. Horizontal/Vertical Activity Score (See Table in Text of This Paper)
3. Trigger Point Evaluation
4. Functional Evaluations such as Dr. Podell’s Typing Test to record how pain increases for many hours or days after moderate activity
5. Formal Neurocognitive Testing
6. Testimonials from Friends, Family, Co-Workers
7. Two Day Metabolic Exercise Stress Test

WORKSHEET 3E: Fibromyalgia's Equivalence to Other Potentially Disabling Illnesses

As described in SSR 12-2p, Social Security maintains a list of diseases that are considered impairments. Fibromyalgia is not on this list. However, SSR 12-2p states that the case reviewer will consider "whether FM medically equals a listing (for example listing 14.09D in the listing for inflammatory arthritis or whether it medically equals a listing in combination with at least one other medically determinable impairment."

My best guess is that under some circumstances Social Security will rank Fibromyalgia as an impairment if the physician states that his patient's disease severity is comparable to that of a patient with a listed disorder such as multiple sclerosis or rheumatoid arthritis. For example, see where I've done this in my model letter.

WORKSHEET 4A: How Claimant's Functional Limitations Make Working Difficult

It might be useful if the physician is able to include in his or her letter to Social Security a statement along these lines:

Because of the severity of Mr./Ms. X's severe pain, fatigue, cognitive symptoms, poor stamina etc. he/she is not able to sustain activity for the length of time required by any job. This limitation is further compounded by Mr./Ms. X's pattern of having "bad days" when his/her symptoms are much worse, so that function is even more limited than usual. Such "bad days" typically occur about ____ times a month (or ____ days a week). "Bad days" occur when Mr./Ms. X does more than his/her usual activity the day before, or when he/she over-exerts for several days in a row. Such "bad days" also occur unpredictably. The frequency of bad days further hinders his/her potential ability to work.

WORKSHEET 4B: SSR 12-2p asks "During an 8-hour workday, how long can claimant tolerate the following activities?"

For a Fibromyalgia patient Social Security might ask "Throughout an 8-hour workday, to the extent that positional changes are necessary, with rest breaks and meal breaks at appropriate intervals, your patient can tolerate the following activities for the specified durations." The activities listed include, sitting, standing, walking, reaching, fine manipulation, etc. The most relevant time interval for severely ill patients will be "Occasionally: 0-2.5 HRs/Day, 0-1/3d of the Day". If, the patient's tolerance is <2.5 hours, I suggest that the physician consider writing in the duration e.g. <2 hrs.

Most important: It can be very helpful, when relevant, for the physician to write in on Social Security's Questionnaire comments such as "When Patients pushes to exceed these limits, symptoms of pain and fatigue increase substantially. Such post-exertional flare ups often last for 24 hours or longer."

WORKSHEET 5: Medical Opinion About Ability to Work

Near the end of the letter to Social Security, if I judge that the patient is disabled, I usually state something along these lines:

To a reasonable degree of medical certainty, Mr. X is not able to work because of his/her illness. This disability is likely to be permanent.

However, several attorneys have suggested that Social Security does not want the physician to provide an opinion on disability. Rather, Social Security wants the physician to opine on the patient's symptoms and functions and leave the judgment on disability to them.

I defer to the attorneys on this point.

“Model” Medical Letter based on the letter sent to social security for a patient of Dr. Podell’s. The physician is free to adapt this letter to the specifics of his or her patient. Please note that additional evidence that a specialist physician might employ is discussed in the accompanying essay. These additional elements include: a trigger point examination; a patient’s contemporary diary, the FIQR questionnaire, a two day exercise stress test, etc.

The model letter provided below relies only on the kind of information that would normally be available to a family physician or general internist.

Model Letter and a Dilemma.

No physician is likely to tolerate being told what his opinion should be about his or her patient. And that’s certainly not the purpose of this letter, which is, a fictionalized version of an actual letter I wrote on behalf of a recent patient, who in fact is disabled due to Fibromyalgia and related symptoms.

The purpose of the model letter is to help the physician understand the very specific issues that SSR 12-2p expects the physician to cover in the physician’s letter to social security about the patient’s condition. If the physician, with all good intentions, fails to cover the issues Social Security wants to hear about, that will likely count against the patient’s chances for a favorable judgment.

This creates a challenge for the claimant and his or her representative. To provide the physician with the information the physician needs to be able to write a good letter while not making the physician feel that he or she is being manipulated.

Please note, that in justifying the diagnosis of Fibromyalgia I provide one paragraph using the 1990 ACR Criteria and an alternative paragraph using the 2010 ACR Criteria as modified by SSR 12-2p. Both methods are acceptable to Social Security. Normally, the physician will choose one paragraph model or the other.

Letterhead

Re: Social Security Report for Samuel Jones, DOB 3/11/1969, SS: xxx xx xxxx

Mr. Jones has been my patient for more than 5 years. He is a very reliable historian.

I have been his primary treating physician for severe Fibromyalgia pain and Chronic Fatigue Syndrome. He also suffers from migraine headache, asthma, recurring sinusitis, and irritable bowel. These conditions are treated by his family physician. He is also under the care of a psychiatrist for depression. This well controlled with medication.

History: Mr. Jones developed severe, unremitting fatigue in late 2000, shortly after undergoing sinus surgery and then a “flu-like” illness. In early 2001 he developed chronic wide spread pain. This has continued and worsened through to the present.

Diagnosis: Mr. Jones satisfies the diagnosis of Fibromyalgia using both the 1990 American College of Rheumatology Criteria and also using the 2010 American College of Rheumatology Criteria.

From the 1990 Criteria: He has a 10+ year long history of chronic widespread pain affecting all four quadrants of the body and also the spinal area. Using the 2010 American College of Rheumatology Criteria, he has a Widespread Pain Index (WPI) of 13 out of a possible 19. He has a Symptom (SS) Score of 11 out of a possible 12.

The 2010 Criteria state that the diagnosis of Fibromyalgia is documented if the WPI score is ≥ 7 and the SS score is ≥ 5 . Mr Jones' WPI of 19 and SS score of 11 confirms the presence of Fibromyalgia and also confirms that his symptoms are severe and functionally limiting.

Mr. Jones He has had extensive medical evaluations. There are no other medical or psychological conditions that better explain his symptoms and functional limitations.

Intensity and Persistence of Mr. Jones' Pain and other symptoms and how they limit his ability to work:

His typical pain level on most days is at severity 7 or 8 out of 10. This is true despite his need to take prescribed narcotic pain medicines. When he increases his activity pain severity can reach 10 out of 10. Unfortunately, the pain medicines, which he needs, tend to further hamper cognition.

Good days/Bad days analysis, as recommended by Social Security's July 25, 2012 Policy Interpretation Ruling SSR 12-20: Titles II and XVI: Evaluation of Fibromyalgia.

During a 7 day week Mr Jones typically experiences 3 bad days when he can do very little, 3 medium days when he can somewhat more, and 1 good day a week when he can do more but is still limited.

Thus, on a bad day he CAN feed himself and his pets. But he is not able to drive a car due to severe pain and fatigue. He cannot do even the mild household chores.

On medium days he can leave home and drive a car locally for doctor's appointments. However, he cannot concentrate enough to read more than a few pages of a book. He can be active outside the home for 1 or 2 hours on these days.

On his occasional good day he can be out of the house for 3 or 4 hours, for example, shopping for groceries. However, even on good days he has to lie down to rest for about two hours during the middle of the day.

The adverse effects of attempting to increase his activities: When he pushes too hard, Mr Jones typically suffers a flare up of pain, fatigue and other symptoms that last for 24 hours or more. He told me of a recent example: Starting on a "good day" he had to force himself to do several hours of errands for 3 days in a row. Usually, he would limit such increased efforts to one single day. When he pushed through for 3 days his pain and fatigue increased dramatically, forcing him to do almost nothing for several days afterward.

As recommended by SSR 2012-2p, I calculated Mr. Jones' SS (Symptom Score). For the symptom of Fatigue his score is 3 (severe). For the symptom Waking Unrefreshed, his score is 3 (severe). For Cognitive Symptoms (concentration, memory) his score is 2 (moderate severity). In addition he has other important symptoms including frequent headaches, irritable bowel syndrome, dizziness, and medication side effects. Thus, his "somatic symptoms in general score" is 3. Mr. Jones total Symptom Severity (SS)Score is 11 out of a possible 12.

In summary, Mr. Jones' Widespread Pain Index (WPI) is 13. His Symptom Score (SS) is 11. Persons with such severe illness are typically not able to work. These high scores on the WPI and SS scales are consistent with the severe symptoms and functional limitations that Mr. Jones reports on his Good Day/Bad Day report.

Physical Exam:

(Paragraph That Might Be Used of a tender point exam is done.)

Mr Jones' physical exam also supports the severity of his illness. All 18 of 18 Fibromyalgia tender points were painful on examination. He also demonstrated widespread allodynia (diffuse pain on modest pressure at multiple additional sites.)

(Alternative paragraph if tender point examination is not done.)

As is well established in the Fibromyalgia literature, except for tender points and diffusely increased sensitivity to pain, even persons with very severe and/or disabling Fibromyalgia often have relatively normal

physical examination findings. Their functional limitations reflect poor stamina, intense pain, decreased concentration and fatigue rather than weakness, swollen joints or markedly decreased range of motion.

In Mr. Jones' case, there is some limitation of neck and shoulder movement due to pain. Muscle strength is fair. Except where it is limited by pain, range of motion of joints is normal. Heart, Lung and Abdominal exams are normal. Mr. Jones' physical exam is fully consistent with the severity and limitations that are documented by the WPI, SS and Good Days/Bad Days reports.

Does Mr. Jones Fibromyalgia related impairment equal the requirements of a listed impairment?

Fibromyalgia does not appear on Social Security's formal listing of impairments. However, in Mr. Jones case it would be fair to assess his Fibromyalgia related impairments as being equivalent to that affecting a person with inflammatory arthritis, multiple sclerosis or other listed impairments.

Summary: Mr. Jones has a Medically Determinable Impairment (MDI) that could reasonably be expected to produce the pain and other symptoms that Mr. Jones consistently reports. His pain and related symptoms have a substantial adverse effect on his ability to perform basic work activities. His impairments are severe.

Please see the attached forms for my response to specific questions Social Security has asked.

With regard to section VIII,

- A. Lift and Carry: <2.0 hours. He should not lift even very light weights repeatedly, as doing so makes his pain worse.
- B. Standing/Walking: < 2 hours. On many or most days he cannot stand and/or walk for even 2 hours a day without getting worse.
- C. Sitting: <2 hrs. Prolonged sitting worsens his pain.
- D. Push and/or Pull: He should not do this at all. Any repetitive activity of this type will make him much worse.
- E. Other: He should not do any motion repetitively. Repetitive Handling of objects (e.g. filing) would worsen symptoms.

Section IX asks "Are there any other conditions that limit his activity?" For Mr. Jones, the answer is yes. His sleep is of poor quality. The Topamax he takes to prevent Migraine headache further clouds his thinking. He has very poor stamina, irritable bowel, frequent infections, and a modest degree of anxiety and depression.

Because of limitations of current treatments for Fibromyalgia and related symptoms such as chronic fatigue, it is not likely that Mr Jones condition will improve substantially. Given his severe symptoms, frequent exacerbations and the fact that modest increases in activity make him worse, it is difficult to imagine that there are any jobs in the economy that he could perform on a reliable basis.

Sincerely,

Signed by Dr. xxxxxxxxxxxx