

COMPREHENSIVE REHABILITATION CONSULTANTS, INC.

October 10, 2011

Diagnostic & Evaluation
Services

Assessment of Home
& Work Modifications
& Accommodations

Continuum of Care
Planning

Vocational Evaluations
& Job Placement
Assistance

Special Needs Research

Case Management/
Advocacy

Guardianship Planning
& Support

Rehabilitation &
Habilitation
Counseling
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Disability Management

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& Job
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Disability

Annamarie Bondi-Stoddard, Esq.
Pegalis & Erickson, LLC
1 Hollow Lane, Suite 107
Lake Success, NY 11042

Re: Joshua Delgado

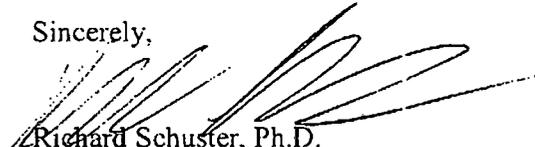
Dear Ms. Bondi-Stoddard:

As per your request I have calculated a lifetime Lost Earnings Analysis for Joshua based on my report. No growth factors are included in these calculations. Discount and inflationary rates are not taken into account; straight multiplication is utilized. Anticipated lost earnings are calculated from levels as delineated in the labor market analysis. The wages noted are in 2008 dollars and without fringe benefits. A worklife of a male age 18, with less than a high school degree was utilized (33 years). Based on these assumptions, the following lost earning potential can be anticipated.

Lost Wages	\$469,647.75
Lost Supplement Wages (U.S. Dept of Labor, 1996, Private Industry 21.08%)	\$138,076.44
Total Lost Earnings	\$607,724.19

Rehabilitation costs are not included in these figures.

Sincerely,


Richard Schuster, Ph.D.

Vice President

Comprehensive Rehabilitation Consultants, Inc.

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**COMPREHENSIVE
REHABILITATION
CONSULTANTS, INC.**

May 17, 2010

Diagnostic & Evaluation
Services

Annamarie Bondi-Stoddard, Esq.
Pegalis & Erickson, LLC
1 Hollow Lane, Suite 107
Lake Success, NY 11042

Assessment of Home
& Work Modifications
& Accommodations

Continuum of Care
Planning

Dear Ms. Bondi-Stoddard:

Vocational Evaluations
& Job Placement
Assistance

Joshua Delgado, a 3-year 5-month-old boy, was evaluated on May 7, 2010. The

Special Needs Research

battery included an interview with Cesar Delgado, father and Leticia Delgado, mother,

Case Management/
Advocacy

both age 40, Reynolds Intellectual Assessment Scales, Woodcock-Johnson-III Verbal

Guardianship Planning
& Support

Ability English and Spanish, WPPSI-III General Language Composite, Purdue Pegboard

Rehabilitation &
Habilitation
Counseling

Test, and Behavior Assessment System for Children Parent Rating Scale Spanish

Disability Management

Translation. Joshua was referred to assess his current cognitive/psychological/motor

status with particular emphasis on the effect of his condition upon his future vocational

potential, rehabilitation needs and quality of life. The evaluation encompassed

Habilitation &
Rehabilitation
Administration

approximately two hours of interviewing and testing. Records from the following were

also reviewed:

Into the Future
Planning
www.into-the-future.com

St. Barnabas Hospital

T. Stason, DO

John Dellabadia, MD

Patricia K. Dowling, Ph.D.

- Miami: 11428 S.W. 109 Road • Miami, Florida 33176-3148 • Tel.: (305) 595-8232 • Fax: (305) 598-1073 • e-mail: crcmiami@netrox.net
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Herman Lubctsky, MD

Trina Peduzzi, MD

Dina Kornblau, MD

Charizza Sales, MD

Fareed Ali, MD

Jacqueline Gill, RN

Michelle Ratau, MD

Jenna Scholnick, MD

Stephen J. Fischer, MD

Jeffrey Chen, MD

Kristine De la Cruz Lalas, MD

New York City Early Intervention Program

New York Child Resource Center

Wendy Guzman-Rosa, LMSW

Thelma Perez-Salce, MS

Roxana Santaella, MSPT

Liliana Martinez, MS OTR/L

Dennis Gulle, PT

Visiting Nurse Service of New York

Cynthia Capellan, MS, CCC-SLP

Franklin S. Hernandez, MA, CCC-SLP

Martha Londono, PT

Volunteers of America

Deborah Natale, OTR/L

Melissa Toro, MS

Denise Perez, MS

Anthony R. Natale, PT, DPT

Rosemary Santiago

Xochitl Roa, LCSW-R

Daniel Adler, MD

Preschool Student Evaluation Summary Report

Child Outcomes Summary Form

New York City Board of Education Individualized Program

Certificate of Birth Registration

Medical Summary:

On 12/14/2006 a New York City Early Intervention Program Multidisciplinary Evaluation screening was conducted. Joshua was born on 11/27/2006. Cognitive and communication skills were in the low average range. Gross motor skills were in the average range. His gross motor skills were in the average range. His adaptive skills were in the low average range. Social and emotional function was also in the low average range. He was referred to Early Intervention Program for a multidisciplinary evaluation due to motor concerns. Joshua had been diagnosed with Erb's palsy of the left arm. Ms. Delgado reported that Joshua's left arm was stiff, did not have much movement and he could not lift his arm. He resided with his mother, father and siblings. Spanish was the dominant language spoken at home. English

was spoken to a lesser extent. Mr. Delgado was employed as a delivery driver for a bodega. Physical therapy services were strongly recommended. Based on clinical observations, Joshua demonstrated a delay in overall skills and fine motor development. Occupational therapy was recommended.

Joshua was seen on December 14, 2006 at the New York Child Resource Center, Inc. by Thelma Perez-Salce, MS. It was noted that Joshua had a newborn hearing screening which he failed bilaterally. He was scheduled for a rescreening. He had not had a vision examination. There were concerns regarding his Erb's palsy in the left arm. He presented as contented child. On the Battelle Developmental Inventory-II, his rank centered around the low average range. The motor domain was the weakest, with a percentile rank of 8.

A physical therapy evaluation from 12/15/2006 from the New York Child Resource Center generated by Roxana Santaella, MSPT concluded that on the Peabody Gross Motor Scale his score was 94 indicating that Joshua was at that point still functioning in the average range with gross motor skills. However, he was already developing stiffness in the shoulder and arm which resulted in abnormal posturing and minimal active movement. This would eventually result in significant limitations in overall functioning including no head turning towards his left arm, no sucking on his left hand for self-soothing, no midline orientation, delays in his ability to roll and push up into quadruped, creep and pull to stand. Physical therapy services were thus strongly recommended.

The bilingual occupational therapy evaluation at the New York Child Resource Center generated by Liliana Martincz, MS indicated that at three weeks of age, Joshua demonstrated difficulties in neuromuscular skills and functioning as well as fine motor development. He was 1.4 standard deviations below the mean in fine motor skills. He was not functioning age

appropriately within this domain and demonstrated more than a 33% delay. He was further at risk for delays due to the decreased abilities in neuromusculoskeletal skills.

A standard genetic study conducted by Patricia Dowling, PhD at St. Barnabas Hospital was normal.

On April 1, 2007 Dennis Gulle, PT reported that Joshua at four months of age had been receiving physical therapy. The primary diagnosis was Erb's palsy effecting the left upper extremity as well as movement of the neck. He manifested decreased neck movement towards the left side as well as decreased muscle tone and stiffness in his left upper extremity, shoulder and elbow. He had delays in fine motor skills. Grasping and visual motor integration were delayed towards the left side.

By 06/20/2007 a note from St. Barnabas Hospital generated by Dina Kornblau, MD and Charizza Sales, MD indicated that at 6 months of age, Joshua's Erb's palsy on the left showed improvement. He was much improved from baseline but only slightly improved from the last visit. Neurosurgery would be examined.

By 09/26/2007 Dr. Kornblau indicated that Joshua was having PT and OT three times a week with improvement. He though was still referred for neurosurgery.

Dennis Gulle, PT (12/13/2007) highlighted that Joshua appeared to have delays with his speech. He was able to point to objects that he wanted most of the time. He had a voice formation that was high pitched. Speech therapy evaluation was thus recommended.

By 12/26/2007 Dr. Kornblau was informed that Dr. Goodrich, the surgeon, believed that surgery would not help. Physical and occupational therapy would persist as well as daily exercises.

At 1 year, 1 month of age, a bilingual speech and language evaluation was conducted by Franklin Hernandez, MA, CCC/SLP. After evaluation, Joshua was noted to demonstrate moderate to severe delays receptively and severely delayed expressive language development. Fluency and articulation development were unable to be assessed. He attained a combined language age of 9 months. His language skills appeared to be at 69% for his age indicating a 31% delay in his combined language skills. Speech and language therapy was thus recommended.

By 06/18/2008 Dr. Kornblau noted that at 18 months of age, Joshua had walked at 13 months, but was only speaking six words. He was still receiving physical, occupational, and speech therapy. He was using the left arm more. He could only lift the arm to shoulder height. Weakness was noted but milder. He was still not a surgical candidate.

An occupational therapy evaluation from 10/02/2008 was conducted by Deborah Natale, OTR/L. Joshua spoke a few words during the evaluation but reportedly could express some needs verbally but did not yet combine words. He responded to directions with gestures, cues, and physical prompts. He responded positively to praise. He was cooperative but shy. He still demonstrated a left sided weakness which affected his gross motor play but the difference was no longer obvious. The left arm moves symmetrically when he runs and sometimes held turned flexed to the side. He relied more on a skillful right hand for writing and cutting activities. He was not yet able to manipulate a spoon or fork well. He tended to spill unless he had a cup he could hold with both hands. He needed encouragement to incorporate his left hand into activities. He had difficulty performing age appropriate bimanual activities. He demonstrated fine motor grasping skills at a 15-month and visual skills at a 27-month level. He performed most tasks with his right hand exclusively. He reported a moderately delayed range in fine

motor development. He was functioning within the 16th percentile. He was able though to perform age appropriately in terms of gross motor development.

A note from Farced Ali, MD and Jacqueline Gill, RN from St. Barnabas Hospital indicated that Joshua had passed an audiological examination. He still had a speech delay.

On 04/03/2009, Joshua at age 28 months, was seen by Martha Londono, PT. Ms. Londono concluded after examination that on the Peabody Developmental Motor Skills-II, Joshua had a gross motor quotient of 85. He was one standard deviation below the norm. His movements were normal for his age.

The bilingual speech and language evaluation on 05/05/2009 at 3 years, 4 months generated by Cynthia Capellan, MS, CCC-SLP concluded that on the Preschool Language Scale-IV in English and Spanish were at a auditory comprehension 5th percentile and expressive communication 4th percentile. He thus presented with difficulty understanding verbal input, and required repetition of commands and questions. The results indicated mild delays in receptive language skills and moderate delays in expressive language abilities. He communicated via pointing, approximation of single-word utterances with occasional two-word utterances.

On 06/10/2009 Dr. Kornblau highlighted that his weakness was improving. He still received occupational therapy and speech therapy. Physical therapy had been terminated. He was running, climbing stairs without alternating his feet and scribbling with his right hand. Hearing test was satisfactory. He spoke about 20 words, some two-word phrases; he spoke and understood both English and Spanish. He was thus a child with left Erb's palsy, still symptomatic but improved also with some speech delay, relatively mild and making progress.

At age 2-9 on 09/25/2009 a bilingual psychological evaluation was generated at Volunteers of America by Melissa Toro, MS. On the Wechsler Preschool and Primary Scale

Intelligence, Third Edition, Joshua attained a verbal IQ in the average range, a performance IQ in the average range, and a full scale IQ in the average range with a general language composite in the borderline range. His mother reported that Joshua was able to combine words but did not speak clearly. He still had difficulty with his left upper extremity. He received speech and occupational therapies. Both English and Spanish were spoken at home. He understood some simple commands in English but responded mainly in Spanish. A speech evaluation was recommended as well as physical and occupational therapy assessments.

A bilingual educational evaluation from Volunteers of America conducted on 09/30/2009 by Denise Perez, MS determined the child's dominant language was Spanish. He was currently functioning below his age level by nine months in the following areas of communication. His strengths were in self-care, personal-social, gross motor, perceptual/fine motor and pre-readiness domains.

A physical therapy evaluation on 10/02/2009 conducted by Anthony Natale, PT concluded that gross motor skills exhibited no significant delays. There were no gross motor delays that would interfere with his ability to function in a school environment.

A preschool student evaluation summary report from 10/22/2009 reported that cognitively on the WPPSI, he was in the average range; motor development was age appropriate with gross motor skills; that Joshua had Erb's palsy and performed most tasks with his right hand exclusively. He demonstrated overall language skills at the 26-month level indicating significant severe delays as noted on the PLS-IV. He exhibited difficulty using words more often than gestures to communicate. On the Vineland Adaptive Behavior Scales, his adaptive levels were scored as adequate.

The IEP from 10/30/2009 classified Joshua as a preschool student with a disability.

On April 19, 2010 Daniel Adler, MD generated a report of his evaluation of Joshua that was conducted on that same day. After examination, Dr. Adler's impression was brachial plexus injury involving the 5th and 6th cervical nerves in the left brachial plexus with incomplete recovery; internal rotation contracture, left; language delay. He noted that physical and occupational therapeutics would be necessary through Joshua's development. Joshua had also developed progressive orthopedic consequences of a chronic brachial plexus injury. There was already a presence of an internal rotation contracture of the shoulder. Orthopedic surgery may even be required. He was a young boy whose opportunities in the competitive job market would be restricted by problems with his arm. Any job that required heavy lifting and carrying or elevation of the arms over the head would be impossible. Bimanual tests would be difficult. The problem with his arm would by its nature, require Joshua Delgado to attain higher educational achievement to enable him to obtain "white collar" types of employment. Given his developmental disabilities and learning handicaps, Joshua's ability to be educated in a conventional classroom will be effected. If he is limited cognitively, employment opportunities in the competitive job will ultimately be restricted to "blue collar" positions, jobs that may be impossible for a person with a permanent disability involving an arm. As such he could even be unemployable. There was already a discrepancy in length between the left and right arms. As Joshua matured and entered puberty, his arm length discrepancy would increase, and a significant cosmetic deformity would be apparent.

Background and Current Situation

Review of family history reveals that both Mr. and Mrs. Delgado were born in Mexico. Mrs. Delgado came to the United States in 1991; Mr. Delgado arrived in the United States in

1985. Mrs. Delgado is essentially Spanish speaking. Although Spanish is Mr. Delgado's best language, he is conversational in English. Review of maternal family history indicates that her six siblings are all high school graduates. She too is a high school graduate in Mexico and currently is a homemaker. Review of paternal family history reveals that two of Mr. Delgado's seven siblings are high school graduates. Mr. Delgado also graduated high school in Mexico and currently is a waiter. The Delgados have been married for 18 years. They have three children, a son, age 18, a daughter, age 11, and Joshua, age 3. The family resides in a two-bedroom Bronx apartment.

Joshua has just registered to begin kindergarten in September. He initially required therapies at home but now he attends occupational and speech therapies in a Bronx facility. The Delgados anticipate that once their son is enrolled in kindergarten, therapies will persist in school. [Unfortunately, physical therapy has been discontinued.] Aside from Joshua's orthopedic impairment and speech and language delay, there are no indications of additional medical or behavioral problems. He does not take any medications on a regular basis nor requires any equipment. He has no history of psychiatric intervention. Behavior problems are denied.

Joshua though continues to be monitored by Dr. Kornblau in connection with his brachial plexus condition. He visits no other physicians in relationship to his Erb's palsy.

Current Complaints

There are two main areas in which Joshua displays deficiencies: with his left arm and with his speech. Physically, he is able to lift his left arm but cannot rotate it behind his back. The left arm is contracted and shorter than his right arm. He "struggles" when using his left arm

for fine motor tasks such as cutting with scissors. Strength is below expectation given his right arm abilities. When he runs he keeps his left arm at his side, running awkwardly and falling in that direction. Fortunately, he does not complain of pain.

Joshua also has limited speech ability in both English and Spanish. His mother's perception is that Spanish is his better language. His language deficits are more pronounced with expressive language rather than receptive language. He thus seems to understand more than he expresses. He speaks in short phrases or isolated words and utilizes gestures.

The Delgados plan to continue their son in therapy with appropriate school services.

Current Assessment

The Delgados arrived early for the evaluation. In order to facilitate the discussion as well as to ensure that Joshua obtained maximum scores on any cognitive assignment, Monica Cano, a master's level graduate employed at the examiner's office, served as interpreter. During the discussion with his parents, Joshua remained quiescent, quietly sitting in his mother's lap. When testing began he rarely verbalized more than a single word. However, he smiled. He was cooperative and pleasant. He seemed invested in doing his best. Although at times, he responded somewhat impulsively, generally he was task involved. There were no signs of marked psychiatric or behavioral disorder.

In order to assess language dominance, tests of language ability were administered in both English and Spanish. On tests of simple one-word expressive skills his scores were equal in the two languages. In fact, some items that he could identify correctly in English he could not correctly identify in Spanish and vice versa. For instance, when shown a picture of a key, he could not name it in English but named it in Spanish; in contrast when shown a picture of a

carrot, he was able to name the vegetable in English but could not do so in Spanish. With some items he was equally deficient. For instance, when shown a picture of a puppy in either English or Spanish his response was "wow-wow"; when shown a picture of a scissor his response was "to cut" saying it initially in English and then in Spanish. The more demanding aspects of this language assignment were beyond his capacity to negotiate. Even the sample items were not answered correctly with Joshua just repeating the last word in the sample example. His global score consequently was thus deficient in both English and Spanish given the fact that he was not able to negotiate the three remaining subtests even minimally in either language.

Subsequently, additional assignments demanding one-word expressive and receptive language were administered. In the first assignment he was shown four pictures, told a word and asked to point to the picture that the word corresponded to. His score on this assignment is solidly average, emphasizing that on simple tests of one-word receptive skills, he is able to respond adequately. On a companion test in which he was asked to name a picture of an object, either in English or Spanish, a significant even approaching abnormal difference is noted between these two realms. His one-word receptive language is at the 50th percentile while his one-word expressive language is only at the 16th percentile, a discrepancy this large occurring in only 11% of children his age i.e., 89 percent of children his age display a lesser discrepancy between these two assignments. Consequently, his global score on this assignment falls in between these extremes at the 27th percentile.

Joshua was subsequently administered a general intelligence test. This test only requires a one-word verbal response or a pointing response. In this way the test parameters should circumvent Joshua's expressive language difficulties and potential motor impairments that could compromise his "output" channels and obscure his innate cognitive competence.

The verbal subtests demand listening to several different clues and then identifying the object or filling in the missing word on a task of verbal analogies. His overall score within these assignments falls within the low average range, commensurate with his performance on the previous one-word expressive vocabulary assignment. In contrast, on tests of nonverbal competence, his overall score is at the 73rd percentile approaching the high average range. His global score thus falls within the average range, between these two extremes. It should be stressed that the difference between his verbal and nonverbal functioning is significant and even abnormal, with a dichotomy this large relatively uncommon in the general population i.e., approximately 92% of children display a lesser discrepancy between these two domains.

A task of basic motor skills was also administered. Joshua's performance with his dominant right hand is within the average range; in contrast, his performance with either his left hand or both hands together when compared to children 3.0 to 3.5 years of age is at the 6th and 7th percentiles respectively, implicating significant relative deficits on these assignments, but still at least some competency to negotiate motor tests but at a less efficient level.

Mrs. Delgado also completed an extensive personality inventory in which she rated her son's behavior and adjustment. She produced a valid and acceptable profile implicating that her responses can be viewed with confidence. She describes her son as somewhat anxious, at an "at risk" level, but still not in the pathological range. Joshua sometimes displays behavior stemming from worry and nervousness, in particular. Nevertheless, she views her son's overall behavioral symptoms as well within expected parameters when contrasted to other boys his age. Consequently, congruent with her statements and Joshua's history, there are no indications of marked adjustment or behavioral problems at this point in Joshua's young life.

Vocational Implications

Based upon Joshua's current test performance, his history, and his family background it can be conservatively stated that even if he never developed a significant orthopedic impairment, he would still display a relative deficit in language functioning. Consequently, it is probable that his overall academic achievement, even if he manages to graduate high school with special assistance, will be at least less than high school educational competence. His learning capacity, depending upon the type of assignment, ranges between low average and average. Verbal skills would be no better than low average (even assuming he continues with speech and language therapy). Numerical aptitude would likely range between low average and average as well, commensurate with this general cognitive competence. In contrast, nonverbal abilities would range between average and high average. If he did not have his brachial plexus injury, utilizing his right hand as a probable comparison of what his left handed motor skills would have been if not injured, average motor skills could be anticipated. No unusual physical/working restriction conditions would be expected. It is though likely that he would not be capable of more than semiskilled work levels, given his language/learning handicaps. In addition removal of hazardous work and mild limitations in expressive speech were also included.

At this point Joshua's educational and cognitive vocational aptitudes as well as training time and premorbid restrictions remain unchanged from premorbid parameters. However, there are now significant physical limitations. Upper dexterity motor skills, depending upon the type of task, will range between no better than low average to average. Assignments requiring bimanual skills will be most significantly impacted, while certain assignments typical of unilateral dexterity would still reflect average competence. Given his physical limitations no more than light strength demands can be anticipated. Work emphasizing usual degrees of

climbing, balancing, and crawling additionally would be contraindicated. Mild restrictions in work settings that demand unusual degrees of reaching and handling at the very least must also be expected. Consequently for this investigation, a "conservative" preinjury profile is contrasted with a "generous" postinjury profile.

Synthesizing these conclusions, given Joshua's learning handicaps, an adequate but rather modest preinjury earning capacity could be anticipated. Unfortunately, additional physical limitations will now compromise and/or eliminate many jobs that would have been within his cognitive/educational repertoire to negotiate. There will thus be a loss in earnings when able to find employment; more ominously there will be much fewer jobs to choose from fostering a reduction in the actual time that Joshua is likely to work. The result will be less earnings when able to find employment, with the likelihood of finding work at all will be significantly reduced i.e., more part time work, longer time between employments, etc. resulting in an additional reduction in lifetime workforce participation.

Labor Market Analysis

In order to concretize the preinjury/post injury earnings and vocational accessibility, a computerized job match was conducted using the OASYS system, designed to provide an assessment of an individual's access and transferability in selected labor markets. The program is capable of analyzing the worker characteristics of the over 12,000 plus job titles from the Dictionary of Occupational Titles (DOT), then crossing to the 2008 Bureau of Census average wage data from Bureau of Labor Statistics (utilizing SOC categories and OES wage data) to indicate the impact of Joshua's injury on future wage earning capacity and future job accessibility.

This program examines data obtained from the (DOT) Dictionary of Occupational Titles (Revised Fourth Edition, Dept. of Labor) and the (COJ) Classification of Jobs.

Wage potential is reflected in the top 250 occupational titles and the top 25% of all titles or all titles if a sufficient number of titles is not matched.

Utilizing the parameters from the current investigation and assuming no unusual physical working conditions and/or strength restrictions Joshua retained average vocational accessibility to 11% of jobs in the New York State Labor Base with an average earning potential of \$41,253.25/per annum as reflected in 2008 wages, fringe benefits omitted.

Utilizing the same training time, educational competence, premorbid language restrictions and cognitive vocational aptitudes, but limiting his abilities only mildly in terms of upper dexterity competence, strength demands, and physical working condition restrictions i.e., eliminated from work emphasizing climbing, balancing, crawling with mild restrictions in work demanding upper extremity abilities, Joshua achieved average vocational accessibility to 1 1/2% of jobs in the New York State Labor Base with an average earning potential of \$31,790/per annum as reflected in the 2008 wages, fringe benefits omitted.

The type of vocational domains that would have been available to Joshua and are now excluded would have been in such areas as: Occupational Therapists Assistants, Animal Control Workers, Cooks/Short Orders, Landscaping/Groundskeeping Workers, Carpenters/Helpers, Pipelayers/Plumbers/Pipefitters/Steamfitters, Helpers, Construction Laborers, Tile/Marble Setters, Parking/Surfacing/Tamping Equipment Operators and Truck Drivers/Heavy/Tractor/Trailer.

The type of vocational domains that now will be available to Joshua when ready to enter the workforce (and of course would have been available in the precondition scenario) will be in

such areas as: Parking Enforcement Workers, Amusement/Recreation Attendants, Stock Clerks/Order Fillers, Weighers/Measurers/Checkers/Samplers/Record Keepers, Office Administrative Support Workers, Inspectors/Testers/Sorters/Samplers/Weighers, Couriers/Messengers, Locker Room/Coatroom/Dressing Room Attendants, and Ushers/Lobby Attendants/Ticket Takers.

Workforce Ramifications

Over the last several decades repeated research and national surveys have overwhelmingly confirmed that individuals with work disabilities as a group participate less in the work force than their non-work disabled peers. Age, education and sex interface with work-disability status to foster different levels of life-time work force participation (Disability in the United States: A Portrayal from National Data, 1991). More recent surveys corroborate a persistence of this pattern; the disabled work less and earn less than their non-disabled peers – variables such as age and education affect the work status of the disabled. For instance, in age groups 16-24 people with disabilities are only 57% as likely as their non-disabled counterparts to be in the labor force i.e., working or looking for work; unfortunately by age 55 to 64, people with disabilities are only 26% as likely as their non-disabled counterparts to be in the labor force. Likewise disabled individuals ages 16 to 24 with less than 12 years of education are only 20% as likely to hold a full time job as their non-disabled peers. In contrast disabled individuals with 16+ years of education are 41% as likely to hold a full time position. (The Demographics of Disability, National Organization on Disability, Winter, 1999). The Chartbook on Work & Disability in the United States, 1998, U.S. Dept. of Education, National Institute on Disability & Rehabilitation Research, from the U.S. Bureau of Census Website, 1998, corroborates these

outcomes and highlights other variables negatively affecting employment. For instance, employment is severely effected for people with mobility impairments (only 22% employed) or *those unable to walk 3 city blocks* (22.5% employed). Those who use canes, crutches or walkers have an employment rate of only 27.5%. Those with a mental disability have an employment rate of only 41.3%. If one is unable to lift/carry 10 pounds the employment rate drops to only 27%. The employment rate also drops as the disability becomes more severe. For instance, only 25.2% of people who have difficulty with self-care activities (between the ages of 21 & 64) are employed. Even for people with disabilities who have jobs, income levels may be below par, due to a combination of lower hourly wages and reduced work hours (Disability Abstract, No. 11, U.S. Dept. of Education, National Institute on Disability & Rehabilitation Research, January, 1996). A recent survey generated by the US Census Bureau (American Community Survey, 2006) highlights the effect of disabilities on workforce participation. For instance, only 37.2% of people with any disability are employed; only 31% of those with a physical disability/limitation (i.e., a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying) are employed; and only 28% of those with a mental/cognitive disability (i.e., a condition lasting 6 months or more with difficulty in learning, remembering or concentrating) are employed. These are but a few of the multitude of studies/surveys, both national and private, confirming the negative effects of a work disability, and the intertwining variables, that affect work force participation. In the present assessment such research is utilized as a starting point in examining the effect of a work disability on a work disabled person's participation in the workforce.

If Joshua had not been injured, and did not have his orthopedic injuries, his work life would have been commensurate with his learning disabled peers, essentially congruent with

individuals with less than a high school degree. At this point the synergistic effect between his learning disabilities and his orthopedic handicaps renders a much sparser ability to find work. Viewing his history, labor market analysis, research on the disabled, current test profile, doctor's reports, etc. at least an approximate 10% to 20% loss in lifetime workforce participation must be expected in the post condition scenario.

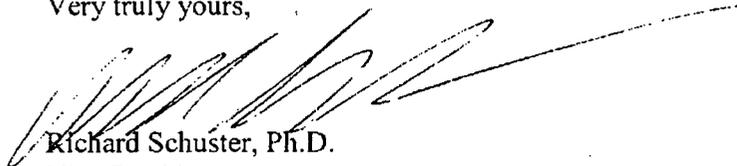
Conclusion

If Joshua did not have his orthopedic consequences but was only a learning disabled individual, an earning potential of approximately \$41,253.25/per annum could be expected with a work life commensurate with individuals with less than a high school degree. At this point, when ready to enter the workforce, an earning potential of approximately \$31,790/per annum can be expected (an approximate 23% reduction) with an additional reduction in life time workforce participation (at least an approximate 15%). In the meantime, Joshua will continue with his ongoing therapies and additional medical monitoring. At this point there are no indications of marked behavioral or psychiatric problems. However, this is not unexpected. Unfortunately, as Joshua matures and the synergistic interface between his learning handicaps and a physical limitation/deformity become even more apparent, the negative ramifications upon his life cannot be understated. He will have two disabilities to confront, rendering transitional periods, particularly at such times as adolescence when realms such as dating, sexuality, sports, physical attraction, etc. become especially important, as that much more difficult. He thus remains "at risk" for additional psychological ramifications throughout life. Hopefully, he will be able to weather these periods without significant psychological problems; however, even in the most "optimistic" outcome, his life will be more difficult and stressful in this regard. In addition,

Joshua should be monitored throughout his school years with periodic neuropsychological/learning disability evaluations to ensure that appropriate educational and vocational placement ensues. Again, the interactional effect between his two disabilities can only make his adjustment in any school/vocational setting that much more problematic.

Enclosed are the summary test scores.

Very truly yours,



Richard Schuster, Ph.D.

Vice President

Comprehensive Rehabilitation Consultants

Summary of Scores

Reynolds Intellectual Assessment Scale

<u>Test</u>	<u>Score</u>
VIX	83
NIX	109
CIX	94
GWH	T39
OIO	T49
VRZ	T35
WHM	T61

WPPSI-III General Language Composite 91, Receptive vocabulary 10, Picture Naming 7.

Woodcock-Johnson-III Verbal Comprehension English and Spanish standard score 65, below K.0.

Purdue Pegboard Test: Right hand 38th, left hand 7th, both hands 6th percentiles; 5, 3, and 1 pins respectively; children age 3-0 to 3-5.

Behavior Assessment System for Children Parent Rating Scales: See attached sheet.

Validity Index Summary

F	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 82	Raw Score: 7

PRS T-Score Profile

