



The Disability Analyst

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ANNUAL CONFERENCE 2011

Colorful Montreal 2011: Call for Papers

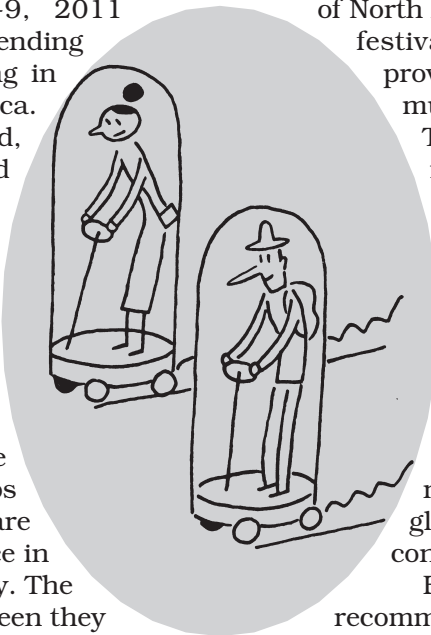
Our vibrant growing Canadian membership has been an inspiration to our entire organization. Previous meetings held in Toronto (2), and Quebec City are rated as among our very finest. Next year's meeting in Montreal, October 8-9, 2011 promises to be every bit as good. Spending time in Montreal is as close to being in Europe as one can get in North America. It is a magical city with wonderful food, exotic music, colorful bistros and galleries and an opportunity to refresh your French.

Our splendid boutique hotel, Place D'Armes, is truly a delight to behold located in Olde Montreal next to the Notre Dame Basilica, one of the most magnificent Catholic churches in the world (site for the Dan Brown movies and Pavarotti's final recordings). The Old City is eminently walkable. Shops and stores not found in the U.S. are plentiful and you'll want to leave space in your suitcase to take home your booty. The natives are extremely proud of how green they are with bicycles throughout the city available to ride. The airport is world class. The American dollar is still muscular there. You will be remiss if you fail to have a snack sitting on the rooftop restaurant at our host hotel. Continental breakfast and a daily wine/cheese snack are included in the \$189 (Canadian money) room rate.

It is the largest city in Quebec and second largest in Canada with a population of 3.6 million. October is arguably the most pleasant month. Montreal, gem of the St. Lawrence River, the Paris of North America flourishes with street fairs, festivals, innumerable terrace cafes providing a rich backdrop to its exciting multicultural lifestyle.

The Underground City is clean, modern and very appealing. With a solid history as a gigantic trading post, Montreal, Quebec is described as elegant, a city full of joie de vivre, memories and dreams. The Old City is a maze of narrow streets, restored buildings and distinctive old houses while the modern Montreal with its skyscrapers, theaters, museums, nearly 7,600 restaurants and glittering night life stands in sharp contrast.

Early registration is strongly recommended. Book your hotel early and request "American Board" room rate (\$189 Canadian). See back page for both conference and hotel registration details. Persons interested in being a presenter should send a brief proposal to the ABDA Program Committee at 615 327-2935, e-mail: americanbd@aol.com or by mail. Decisions are made within 15 days.



WASHINGTON, DC 2010 ANNUAL CONFERENCE

We are delighted to report that our second training event held in the nation's capitol was very well received. Even though the turnout resulted in attendees spilling into the corridor, the outstanding teaching faculty held their attention from start to finish. This year's meeting was quite special as a Blue Ribbon Committee designated a Distinguished Career Award recipient, **E. Fuller Torrey, M.D.**, whose twenty books and over one hundred book chapters and journal articles, appearances on television and radio have championed the seriously mentally ill and disabled and brilliantly illuminated their needs in our complex and stressful society. The rest of

the two day program was skillfully led by a diverse experienced and knowledgeable faculty of presenters including **Arlene Katzenberg, Sandy Hoar, Jerrold Simon, Vic Zuccarello, Dan Reyes, Sadie Strick, William Sherman and Jessica Suckle-Nelson**. As always audience participation was high. A drawing of organizational logo items was a treat for all since nearly everyone left a winner. The extraordinary sights of our capitol were explored rewardingly both by first time and repeat visitors. Many of those in attendance have already indicated their plans to attend the October 8-9, 2011 conference in Montreal.

UPGRADING

Those practitioners currently board certified by ABDA as Disability Analyst and Fellow who have now completed at least nine years of professional experience in rehabilitation or healthcare may be eligible to apply for Diplomate status. If you wish to receive information on how to apply, please fax (615) 327-9235 or e-mail: americanbd@aol.com an expression of interest to Ms. Lela Boggs. For current ABDA members no examination will be required at this time.

EMERITUS STATUS

We are pleased to announce that qualified members with 20 years or more of professional experience as a Senior Disability Analyst and Diplomate and who have been board certified for no less than eight years are eligible to apply to upgrade their credential to Emeritus status. This designation may be used on all correspondence, business cards, letterhead, etc. as appropriate. If interested, please forward a request in writing, current vitae and \$98 U.S. processing fee issued to ABDA. Please send items to ABDA Credentialing and Certification Committee, Belle Meade Office Park, 4525 Harding Road, Nashville, TN 37205.

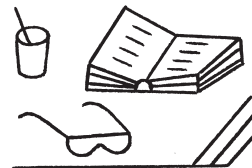
E-MAIL ADDRESS

So far we have received e-mail addresses from about 75% of the membership. The sooner we receive the remaining e-mail addresses, the more efficient we will be in alerting members to information they need to have before the publication of forthcoming issues of the newsletter and other information. E-mail addresses may be sent to our e-mail address at americanbd@aol.com or faxed to us at 615-327-9235.

CHANGE OF ADDRESS

Please keep the ABDA Central Office advised of any change in your postal address so there will be no interruption in your receiving items from the Central Office. All correspondence will be by e-mail unless you notify us otherwise. Feel free to fax (615) 327-9235 or e-mail: americanbd@aol.com that information.

CALL FOR PAPERS AND POSTERS



Members interested in serving as faculty presenters for the next conference in Montreal, Quebec, Canada, **October 8-9, 2011** (see Calendar on back page for details), please submit a 1-2 page abstract or outline by mail or fax (615) 327-9235. Decisions are generally made within two weeks. Please indicate if any audiovisual equipment may be needed and the amount of time requested (i.e., 30'-45' is optimal). **Those who have presented at two or more ABDA or ABMPP national conferences in any five-year period are eligible for appointment to the American College of Disability Analysts (ACDA).** Presenters are urged to submit programs that invite audience participation. Case studies, applied research, polemical/ideological talks, ethics, innovative techniques, evaluation strategies, forensic experiences, customized software, economic issues, private practice insights, earnings loss projections, life care plans, hedonic assessments, labor market surveys and other topics of interest to members are encouraged. Please submit to ABDA Program Committee, 4525 Harding Road, Nashville, TN 37205 or by fax: (615) 327-9235.

URGENT!

If you received this printed issue of The Disability Analyst newsletter, it is because we do not have your E-mail address. As our organization strives to become increasingly green, we have sent out the great majority of this volume via e-mail. In the future we hope to approach 100% of our mailings using e-mails. Your help is greatly needed. If you have not yet provided your e-mail to the Central Office, please do so at your earliest convenience by contacting us at americanbd@aol.com or by fax 615 327-9235. Recent issues of our newsletter and other valuable information and research links can always be accessed at no cost by members at our website: **www.americandisability.org**.

* * * **2011 ABDA Board Certification Renewal Notice** * * *

Optional Gold seal can be obtained by sending in a self-addressed stamped envelope.

Please respond immediately to help us avoid the unnecessary time and expense of reminder mailings.

Your listing (alphabetical and geographical) in the ABDA DirectoryNo Cost
Newsletter, The Disability AnalystNo Cost

Renewal Fee (**one year**)\$80 (U.S. Funds)
(\$90 after January 15, 2011)

Renewal Fee (**three years**)\$215 (U.S. Funds)
(\$225 after January 15, 2011)

Renewal Fee (**five years**)\$350 (U.S. Funds)
(\$360 after January 15, 2011)

Lifetime Fee\$980 (U.S. Funds)
(Lifetime members receive 25% discount to all ABDA and ABMPP events)

Please issue payment to ABDA by no later than **January 15, 2011** to avoid a \$10 late charge. The national examination is required of persons seeking board certification for the first time and is required of those who allow their certification to lapse. **By maintaining your current status you are exempt from the written examination.**

Please remit your 2011 renewal fee and information below. This is the only notice you will receive. Remittance by Visa or MasterCard is acceptable. **Please type or legibly print information below** as you wish it to appear in the next Directory. If renewing with a credit card (Visa and M/C only), please provide necessary information. **Post Office Box addresses are not acceptable.**

☐ Check Box if information has changed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: (required) _____

I prefer to receive the newsletter and all other correspondence by e-mail: yes ☐ no ☐

Check One: Visa: ☐ Mastercard: ☐ Check: ☐

Credit Card # _____ 3 digit V-code: _____ Exp. Date: _____

Signature: _____ Amount: _____

Check One: 1 year ☐ 3 years ☐ 5 years ☐ Lifetime ☐

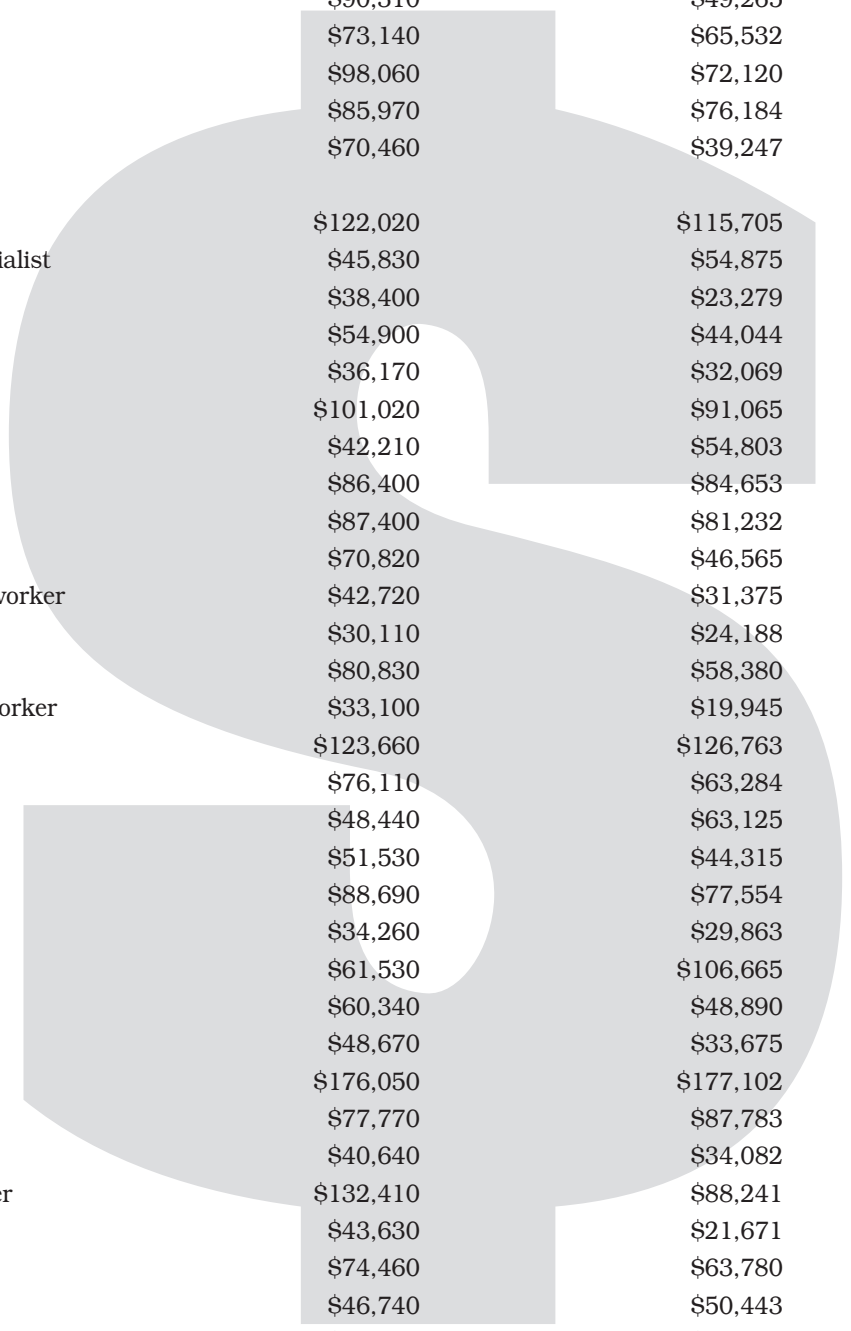
List continuing education experiences (from workshops, conferences, etc.) and/or self-study you have completed since January 1, 2010 (minimum 8 hours to fulfill annual requirement).

Optional: Have you performed 16 hours pro bono work (charitable professional efforts not compensated) during the past year? Yes ☐ No ☐

Return to ABDA Central Office, Belle Meade Office Park, 4525 Harding Road, Nashville TN 37205
website: www.americandisability.org

Public vs Private Salary Comparison

The average Federal salaries exceed average private-sector pay in 83% of comparable occupations. A sampling of average annual salaries in 2008 reflect the most recent data:



Job	Federal	Private	Difference
Airline pilot, flight engineer	\$93,690	\$120,012	-\$26,322
Broadcast technician	\$90,310	\$49,265	\$41,045
Budget Analyst	\$73,140	\$65,532	\$7,608
Chemist	\$98,060	\$72,120	\$25,940
Civil engineer	\$85,970	\$76,184	\$9,786
Clergy member	\$70,460	\$39,247	\$31,213
Computer, information systems manager	\$122,020	\$115,705	\$6,315
Computer support specialist	\$45,830	\$54,875	-\$9,045
Cook	\$38,400	\$23,279	\$15,121
Crane, tower operator	\$54,900	\$44,044	\$10,856
Dental assistant	\$36,170	\$32,069	\$4,101
Economist	\$101,020	\$91,065	\$9,955
Editor	\$42,210	\$54,803	\$12,593
Electrical engineer	\$86,400	\$84,653	\$1,747
Financial analyst	\$87,400	\$81,232	\$6,168
Graphic designer	\$70,820	\$46,565	\$24,255
Highway maintenance worker	\$42,720	\$31,375	\$11,344
Janitor	\$30,110	\$24,188	\$5,922
Landscape/architect	\$80,830	\$58,380	\$22,450
Laundry, dry-cleaning worker	\$33,100	\$19,945	\$13,155
Lawyer	\$123,660	\$126,763	-\$3,103
Librarian	\$76,110	\$63,284	\$12,826
Locomotive engineer	\$48,440	\$63,125	-\$14,685
Machinist	\$51,530	\$44,315	\$7,215
Mechanical engineer	\$88,690	\$77,554	\$11,136
Office clerk	\$34,260	\$29,863	\$4,397
Optometrist	\$61,530	\$106,665	-\$45,135
Paralegal	\$60,340	\$48,890	\$11,450
Pest control worker	\$48,670	\$33,675	\$14,995
Physician, surgeon	\$176,050	\$177,102	-\$1,052
Physician assistant	\$77,770	\$87,783	-\$10,013
Procurement clerk	\$40,640	\$34,082	\$6,558
Public relations manager	\$132,410	\$88,241	\$44,169
Recreation worker	\$43,630	\$21,671	\$21,959
Registered nurse	\$74,460	\$63,780	\$10,680
Respiratory therapist	\$46,740	\$50,443	-\$3,703
Secretary	\$44,500	\$33,829	\$10,671
Sheet Metal worker	\$49,700	\$43,725	\$5,975
Statistician	\$88,520	\$78,065	\$10,455
Surveyor	\$78,710	\$67,336	\$11,374

Source: Bureau of Labor Statistics



★ DISABILITY HEADLINES ★

Data from the Bureau of Labor Statistics indicate that the average **time** Americans age 15 and older spend on these activities in a typical week day are as follows:

Activity	Hours/Minutes
sleeping	8 hrs 23 minutes
work/related activity (employed people)	4 hrs 30 minutes (8 hrs 16 minutes)
watching TV	2 hrs 37 minutes
leisure/sports (non-TV)	2 hrs 6 minutes
eating, drinking	1 hr 10 minutes
house work	33 minutes

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The Labor Department's Occupational Outlook Handbook lists the following **occupations with the largest percentage growth** expected through 2018:

biomedical engineer	72%
network systems analyst	53%
home health/aides	50%
personal and home care	46%
financial examiners	41%
medical scientist	40%
physician assistants	39%
skin care specialists	38%
biochemists and biophysicists	37%
athletic trainers	37%

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According to the USDA's Center for Nutrition, Policy and Promotion **the amount families will spend to raise a child born in 2008 through age 17** is as follows:

Family income	Cost
less than \$56,870	\$159,870
\$56,871 to \$98,470	\$221,190
more than \$98,471	\$366,660

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According to the Bureau of Labor Statistics, **the mean income of all full-time workers is \$41,231.**

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Professor Kent Gilbreath, Professor of Economics at Baylor University determined that **average starting salaries** in 2008 for males and females with bachelor's degrees were as follows:

	Male	Female
Starting salaries	\$52,301	\$46,121
Growth rate 1998-2008	3.58%	3.55%

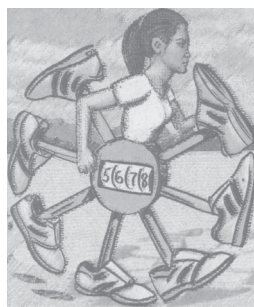
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According to the Bureau of Labor Statistics (January 2008) **the time a typical worker stays in any one job** appears to be on the decline. About 30% of the workforce remains with the same employer less than two years; 23% for two to four years; 20% five to nine years; 11% 10 to 14 years and 17% 15 or more years. The median tenure is 4.1 years.

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According to the National Cancer Institute, each year **melanoma** is diagnosed in about one in one hundred thousand Black men and women; five in one hundred thousand Hispanic men and women; 19 in one hundred thousand White women and 29 in one hundred thousand White men.

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Data from the Healthcare Cost Utilization Project state that an average of \$23,157 was charged for each **pediatric traumatic amputation** in 2006. Amputations to the leg resulted in the highest charges of \$120,275; arm or hand \$76,874; foot \$50,842; toe \$24,791; thumb \$23,604; finger \$21,205.

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A rare medical condition known as idiopathic vocal chord paresis can prevent people from speaking for weeks, or at its worst, up to nine months. Paresis means weakness or muscle immobility. In vocal chord paresis, one or both of the vocal chords are unable to move.

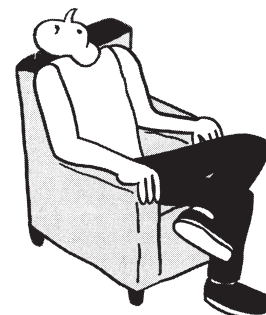
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Money Magazine created a list of **top careers** taking into account factors of projected growth rate, average salary, stress level, flexibility and creativity:

1. Systems engineer
2. Physician assistant
3. College professor
4. Nurse practitioner
5. Information technology project manager
6. Certified public accountant
7. Physical therapist
8. Computer/network security consultant
9. Intelligence analyst
10. Sales director
11. Anesthesiologist
12. Software developer
13. Pharmacist
14. Occupational therapist
15. Nurse anesthetist
16. Software product manager
17. Business analyst, IT
18. Attorney/Lawyer
19. Physician/general practice
20. Human resources manager
21. Senior financial analyst
22. Physician/Obstetrician/Gynecologist
23. Clinical psychologist
24. Psychiatrist
25. Veterinarian

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According to research by the National Eye Institute, the rate of **nearsightedness** has increased significantly in the USA since the 1970s. The surge in activities requiring close-up viewing such as text-messaging, playing hand held video games and Web surfing may be the culprit. The prevalence of **myopia** (difficulties seeing distant objects) among people ages 12-54 grew from 25% in 1972 to 42% in 2004.



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DISABILITY HEADLINES

(continued from page 5)

Johns Hopkins School of Public Health reports that men are 5.5 times more likely to suffer from **hearing loss** than women. Men had higher rates of high frequency hearing loss, which is occurring increasingly at younger ages, possibly from portable music players cranked up too loud.

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The number of veterans receiving disability benefits for a sleeping disorder has increased 61 percent in the past two years and now costs taxpayers more than 500 million dollars per year. More than 63,000 veterans receive benefits for **sleep apnea**, a disorder that causes a sleeping person to gasp for breath and awaken frequently. As recently as 2008, there were 39,145 veterans receiving benefits. That is a 61% increase. Claims are likely to rise as Baby Boomers age and get heavier. Veterans are four times more likely than other Americans to suffer from sleep apnea. About 5% of Americans have the disorder compared with 20% of veterans. The Social Security Administration recognizes sleep apnea as a disability.

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According to the Center for Injury Research and Policy, **injury rates in high school sports** per 1000 practices or competitions are as follows:

<u>BOYS</u>		<u>GIRLS</u>	
football	3.50	soccer	2.0
wrestling	2.17	basketball	1.54
soccer	1.62	softball	1.04
basketball	1.35	volleyball	0.89
baseball	0.78		

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Men under 30 and women over 30 are most at risk for **ankle injuries**. The American Academy of Orthopedic Surgeons found that two people in one thousand were treated in emergency departments for ankle sprains each year but the risk varied greatly by age, reaching a peak of seven in one thousand among teens ages 15 to 19. Forty-nine percent of sprains occurred during athletic activities and 40 percent of those were linked to basketball alone. Others were linked to football (9%), soccer (8%), running (7%), volleyball (4%), softball (4%) and baseball (3%). Twenty-seven percent of ankle sprains were linked to stair falls. Only seven percent were linked to walking on a level surface. Males and females had almost identical sprain rates. But under age 30, males were most at risk and over age 30 females were also at high risk. **About 82,971 sprained ankles were treated in emergency departments between 2002 and 2006.**

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According to Cancer.Org, the most **common childhood cancers** are:

- 1) Leukemia: cancer of the early blood forming cells accounts for about 33% of all childhood cancers.
- 2) Brain and other nervous system cancers are the second most common cancers in children and account for about 21%.
- 3) Neuroblastoma, is a form of cancer that starts in certain types of nerve cells found in a developing fetus or embryo and accounts for about 7% of childhood cancers.

- 4) Wilms Tumor is a cancer that starts in one or rarely both kidneys and accounts for about 5% of child cancer cases.
- 5) Non-Hodgkin Lymphoma and Hodgkin Lymphoma are cancers that start in lymph tissues such as the tonsils, lymph nodes and thymus. Non-Hodgkin Lymphoma accounts for about 4% of childhood cancers and Hodgkin Lymphoma accounts for roughly the same percentage.

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The U.S. Food and Drug Administration recently approved onabotulinum-toxinA (**Botox**) as a treatment to decrease **spasticity** in various muscle groups of the upper limb. Spasticity in the upper extremities is common after stroke, traumatic brain injury and the progression of multiple sclerosis.

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The University of California, Irvine Clinic for Aging Research and Education determined that **79% of people aged 90 and over are disabled**: women are twice as likely as men to be disabled; the activity that most people in that age group find difficult is walking; the activity that fewest people find difficult is feeding oneself.

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A study at the University of Alabama at Birmingham finds that nearly 800,000 in the USA have "brain attacks" annually. **Strokes** occur when blood flow to part of the brain is cut off because of a blocked artery or broken blood vessel. They can happen to anyone at any age but, for reasons poorly understood, African Americans and southerners face greatly elevated risks. Stroke rates are highest in these states: Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee. Cutting salt, quitting smoking, drinking moderately, taking a brisk walk can help reduce risk factors of a stroke. Stroke is the nation's third - leading killer and a major cause of serious, long-term disability in adults.

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According to Forbes, the national average is for 11.6 **prescriptions** per person in the USA.

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Blood banks are now turning away donors currently on drugs for enlarged prostate, those who have taken Tegison for psoriasis, anyone who spent three months or more in the United Kingdom from 1980 to 1996, anyone who received a blood transfusion in the UK or France from 1980 to present and anyone who has spent five years in Europe from 1980 to the present. Those with risks of Creutzfeldt - Jakob Disease are targeted as presenting risk factors.

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The Alzheimer's Association finds that improved living and diet habits, including lots of physical activity, regular tea-drinking and sufficient vitamin D levels - reduced the **risk of brain decline**. Participants who had moderate to heavy levels of physical activity had about a 40% lower risk of developing any type of dementia. Five point three million Americans have Alzheimer's with symptoms including memory loss and confusion. Half a million Americans in their 30s, 40s and 50s have Alzheimer's or related dementia. It is the seventh leading cause of death in the USA.

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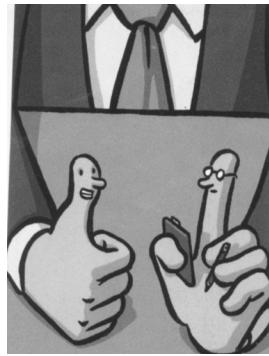
DISABILITY HEADLINES

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According to Health Reform.gov, the Alzheimer's Disease is steadily on the rise, especially among older persons.

<u>State</u>	<u>Prevalence</u>
Alabama	91,000
Alaska	5,000
Arizona	97,000
Arkansas	60,000
California	480,000
Colorado	72,000
Connecticut	70,000
Delaware	14,000
District of Columbia	9,100
Florida	450,000
Georgia	120,000
Hawaii	27,000
Idaho	26,000
Illinois	210,000
Indiana	120,000
Iowa	69,000
Kansas	53,000
Kentucky	80,000
Louisiana	83,000
Maine	25,000
Maryland	86,000
Massachusetts	120,000
Michigan	180,000
Minnesota	94,000
Mississippi	53,000
Missouri	110,000
Montana	21,000
Nebraska	37,000
Nevada	29,000
New Hampshire	22,000
New Jersey	150,000
New Mexico	31,000
New York	320,000
North Carolina	170,000
North Dakota	18,000
Ohio	230,000
Oklahoma	74,000
Oregon	76,000
Pennsylvania	280,000
Rhode Island	24,000
South Carolina	80,000
South Dakota	19,000
Tennessee	120,000
Texas	340,000
Utah	32,000
Vermont	11,000
Virginia	130,000
Washington	110,000
West Virginia	44,000
Wisconsin	110,000
Wyoming	10,000

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Emergency room visits for **school-age athletes with concussions** has skyrocketed in recent years, suggesting the intensity of kids' sports has increased along with awareness of head injuries. The findings in a study of national data do not necessarily mean that concussions are on the rise. However, many children aren't taken for medical treatment, so the numbers are probably only a snapshot of a much bigger problem, doctors say. The study examined concussions in organized youth sports involving athletes ages 8 to 19. ER visits for 14- to 19-year-olds more than tripled from about 7,000 in 1997 to nearly 22,000 in 2007. Among ages 8 to 13, visits doubled, from 3,800 to almost 8,000.

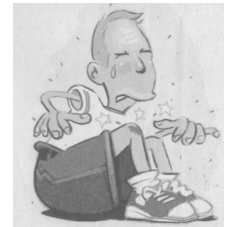
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People in the **highest income group** can expect to live, on average, at least six and a half years longer than those in the lowest. Those in the middle (families of four making \$41,300 to \$82,600 annually in 2007), will die, on average, two years sooner than those at the top. Regardless of income level or social status, African-Americans die earlier than their White peers do.

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The cost of **healthcare fraud** is increasing. According to the Reports to the Nation on Occupational Fraud and Abuse, in 2004 the 37 cases of healthcare fraud reported made up 7.3% of total cases studied and the median loss in the healthcare industry was \$105,000. In 2006, the 89 cases reported made up 8.6% of total cases studied and the median loss in the healthcare industry was \$160,000. 🌿

America's Most Dangerous Jobs



The American workplace is safer than ever despite some recent job related disasters such as the West Virginia coal mining explosion and the Gulf oil - rig catastrophe. Only 4,340 people died on the job last year, down 16.8% from 2008. According to the Bureau of Labor Statistics, the following jobs are the most dangerous in rank order:

<u>Job</u>	<u>Median Wage</u>
1. fisherman	\$23,600
2. logger	\$34,440
3. airplane pilots	\$106,240
4. farmers and ranchers	\$32,350
5. roofer	\$33,970
6. iron workers	\$44,500
7. sanitation worker	\$32,070
8. industrial machinist	\$39,600
9. truckers and drivers/ sales workers	\$37,730
10. construction laborer	\$29,150

States Cut Funds for Disabled



In 2010, the nation celebrated the annual 20th anniversary of the Americans with Disabilities Act (ADA), a law that for 50 million disabled people is the equivalent of Brown vs. the Board of Education, the landmark Supreme Court ruling that ended racial segregation in schools and paved the way for the Civil Rights Movement. The ADA prohibits discrimination against people with disabilities in employment, public accommodations, transportation and state and local services. Now, though gains made under the ADA are running into recession - battered state budgets. At least 17 states have cut into funding for assistance to the disabled since 2009 or are planning to do it this year according to the Center on Budget and Policy Priority, which analyzes the effect of public spending on low income people. The cuts include cash, home nursing services and grants to agencies that help the disabled live independently.

Under the ADA and a 1999 Supreme Court Decision upholding it, the disabled have a right to live in their

communities. States, within their resources, must provide community - based services that make it possible. That means states are up against opposing mandates. Under the ADA, the courts said, states must provide care that best integrates a person into the community - as long as the states can pay for it. However, medicaid rules require them to pay for nursing home care, but not home care, for people with disabilities. About three million Americans who need long-term care live at home and get state-paid services, according to the Kaiser Commission on Medicaid and the Uninsured. Pending cutbacks are likely to affect a great many people and their quality of life. The federal government argues that budget constraints or not, states have to provide home services. The Justice Department has filed lawsuits and, in other cases, supporting briefs in eleven states.



Trends in Muscular Sclerosis (MS)

Chronic medical conditions affect about 120 million individuals in the US. Such conditions are a major cause of disability and functional limitations. Such conditions increase in frequency exponentially with age, with 43% of Medicare beneficiaries having three or more chronic conditions.

MS is an example of a chronic disabling neurological disease requiring specialty care and coordination. MS is the most common progressive neurological disorder of young adults, affecting 350,000 to 400,000 in the US. The median age of onset is 30 years, an age when many are starting careers and families. MS often presents with intermittent relapses and evolves to a progressive form. Common symptoms include weakness, sensory loss, disturbances of vision, ataxia, bladder dysfunction, cognitive deficits and fatigue. By 15 years from first symptom onset, 21% require a cane to walk. This percentage increases to 69% by 40 years from onset.

Approximately, 25,000 patients with MS use the Department of Veterans Affairs (VA) healthcare system, with treatment taking place largely in outpatient clinics. MS patients require more visits per person than all but a handful of other diagnostic groups. MS therapy includes complex and expensive pharmacological agents as well as multidisciplinary medical and rehabilitation services and assistive technology. The VA has released a handbook for MS care in December 2009, multiple sclerosis system of care procedures. It describes the diagnostic and therapeutic healthcare services required by MS patients including primary care, MS specialty care, rehabilitation, palliative care, respite care, home care, mental health care, social work services, telehealth services and access to disease modifying and symptomatic pharmacological therapies.

Despite innovations in pharmacological intervention and other multidisciplinary interventions, it is important for the disability analyst to recognize and evaluate MS during early stages so that accurate projections for employment, potential lost income, life care plans and other arrangements will prove accurate to parties both in the public and private sectors.

PASSAGES AND MILESTONES



Kudos to our **(Lifetime Members, Sustaining Lifetime Members)** and diligent pecunious Central Office and Member Services Staff. Due to their creativity and perspicacity the annual renewal fee remains unchanged for 2011. In the current economy, this success in "holding the line" deserves special recognition.

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Central Office is extremely grateful to all members who have provided their **e-mail address**. If you have not done so, please be sure to do so as soon as possible. We communicate regularly with members who have e-mail addresses and we do not want anyone to miss keeping abreast of important new developments and announcements.

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Mark Jensen has co-authored a book entitled Sex Differences in Pain and Psychological Functioning in Persons with Limb - Loss. This text would be an especially valuable resource for Disability Analysts who work with amputees.

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The 2010-2011 ABDA International Membership Directory is now available on diskette (\$120 Members).

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E-mails to ABDA Central Office have nearly tripled in the past 12 months.

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A website worth investigating by Disability Analysts is www.occupationalinfo.com.

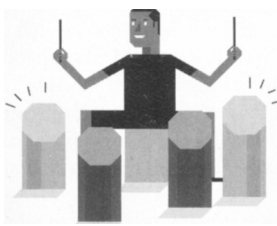
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We are conducting a research survey of all **job titles** that have been created since the last published edition of The Dictionary of Occupational Titles. Please e-mail us any that you know: Americanbd@aol.com.

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ABDA is preparing a study of disclaimers that appear in reports by members. Please send us any that you use in your practice.

MORE ON MONTREAL 2011



Considerable planning and work go into each annual conference to make it a special one. The northern hospitality shown by our talented Canadian members is gratefully appreciated. This city is a blend of the best of Europe and North America. Many of

the wonderful tourist venues are within walking distance of our hotel. ***Our hotel, Place d'Armes, is booked to full capacity nearly all year round and those who delay making an early reservation will be sorely disappointed to find our hotel is full.*** It is highly recommended that members bring families and plan to arrive a couple of days before the meeting or to stay a couple of days afterward to fully savor the offerings of this dynamic, world class city.

Ten more reasons to attend the conference are:

10. Favorable money exchange rate.
9. Canadian cheese, wine and chocolate to bring home.
8. Safe, walkable city both old and new Montreal in proximity to our hotel.
7. Comfortable, laid back, Canadian hospitality with both French and English spoken by all.
6. Great chance to use your passport (required for border crossing-be sure it is renewed and current).
5. Opportunity to use up your Canadian coins.
4. Wonderful underground shopping malls.
3. World class restaurants with cuisine from all over the world.
2. Savor Montreal's joie de vivre and savoir faire further enriching your experience.
1. Acquire new applied learning and fulfill the annual CEU requirement.

It is more than merely sidewalk cafes and croissants that have made this multicultural city tres cosmopolitan. It is a colorful canvas of grand boulevards and twisting alleys, of Gothic Cathedrals and cavernous beer halls, of Bohemian artists and haute couture. These broad strokes set Montreal apart and attract millions of visitors annually.

Remember to bring your beret!

In 2006, Montreal was named a UNESCO City of Design. Day and night, it pulses with activity. Masterful chefs continue to elevate its reputation as a gourmet destination. Our hotel has a four star rating and a roof top bar. Many films and television programs are filmed there. Registrants are encouraged to plan on spending an extra day or two before or following the meeting to explore the unique offerings, tastes and smells of Montreal. The unique and delightful Biosphere designed by **Buckminster Fuller** is not to be missed. Montreal is a combination of European laissez-faire and North American savoir faire. Part of Montreal's charm is it is a city with the heart of a village that loves life with a passion. Natives live, work and play in a compact, vibrant downtown core with no 6:00 p.m. exodus to the suburbs. The atmosphere is wide open and welcoming. The city is clean, green, safe, accessible and devoted above all else to savoring every minute, all year round. It is a city of festivals, hospitality and warmth. The airport is only about 20 minutes from downtown. The 20 miles of underground promenades connect major department stores and scads of boutiques, restaurants, theaters and hotels. Our Euro-style hotel is located in the heart of Old Montreal.

A New Wave In Disability Insurance Claims

Gerald Katz, Westin, Florida

Gregory Dennis, Esq.

If you were selling individual and/or group disability insurance coverage back in the 1980's and early 1990's you might remember how competitive the disability marketplace was. Some insurance carriers wrote up to \$30,000 per month in personal disability coverage, underwriting guarantees were generous for multi-life cases and commissions were extremely high for major insurance producers.

Beginning in approximately 1985 and continuing for the next 10 years, profit margins on blocks of in-force disability insurance coverage began to plummet and many companies issuing disability coverage exited the business. To counteract these financial problems, the remaining companies made significant changes in their product offerings, reduced issue limits, reduced many of the optional benefits that were previously available, increased blood requirements for underwriting purposes, reduced issue percentages of income and where possible, raised premium rates. In addition, many companies changed their policy design and contractual language to further reduce potential liability while continuing to write coverage.

These same companies also responded with greatly enhanced claim scrutiny. By growing their claim departments with medical specialists, vocational rehabilitation specialists and CPA's, the companies attempted to manage the risks they had underwritten during the claim process. Independent Medical Exams, telephone interviews and field visits became more frequent. With these changes came some questionable claim practices. One of the major disability carrier's debacle resulting in a Regulatory Settlement Agreement with the States' Attorney Generals is well documented.

As part of the effort to limit risk, many companies tightened policy language concerning "care and attendance of physician" provisions. Previous language required that in addition to suffering a disabling condition, the insured must be "under the regular and personal care of a physician." Then, many companies changed their wording to require that the insured be "receiving care by a physician which is appropriate for the condition causing the disability"(or words to that effect).

Recently, there has been an effort to expand this provision to require that an insured undergo a surgical procedure if his/her physician recommends it, even if the surgery is elective in nature (i.e., carpal tunnel surgery). In fact, at least one company has pushed this concept to the point of denying claims if an insured elects not to go under the knife. What is more disturbing is that some courts (particularly in California) seem to be buying into the concept of forcing a claimant to undergo an elective surgery in order to recover benefits if the physician feels the surgery would be appropriate for the condition. This concept is ludicrous in light of the purpose of such a provision.

Having spoken to many actuaries, product design, underwriting and claims personnel of several insurance companies, the new policy provision requiring "appropriate care" never meant compelling an insured to choose between an elective surgical procedure and a denial of benefits! Instead, companies simply wanted to ensure that a psychiatrist, rather than a family practitioner, was treating a schizophrenic patient; or an orthopedist, rather than a psychiatrist, was treating someone for a broken arm. Never was it contemplated that an insured would have to choose between his/her financial future and a surgery that might do more harm than good.

Anytime we subject ourselves to surgical procedures, there are not guarantees the surgery is going to improve or cure the problems that are causing disability. In addition, some surgical procedures do more damage or end in the death of the patient due to adverse effects of anesthesia or a breakdown of a major organ in our bodies. For an insurance company to now claim that "appropriate care" mandates surgery is not only absurd but an invasion of the most cherished of all rights - freedom itself. In fact, a doctor is never allowed to perform an invasive procedure without obtaining informed consent from a patient. The insurance industry now seeks to hold benefits hostage in order to compel the consent.

MEETING CALENDAR

October 8-9, 2011 -

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Future sites under consideration: New Orleans, New Mexico, Europe and Latin America

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