

**Madonna R. Garcia, MRC, VRTWC
Vocational Rehabilitation Counselor/VRC**

Mailing Address:

CALWORX

1317 N. San Fernando Blvd, #158

Burbank CA 91504

Tel 831-428-3855

Fax 818-301-3288

August 24, 2020

**Subsequent Injuries Benefits Trust Fund
Department of Industrial Relations
Division of Workers Compensation
160 Promenade Circle, Ste. 350
Sacramento, CA 95834**

**Natalia Foley Esq.
Law Offices of Natalia Foley
8018 E. Santa Ana Cyn Rd Stem100-215
Anaheim Hills CA 92808**

**Employee: Floreen Rooks
SIF #: ADJ10825285
D.O.I: 4/16/2006
Employer: D'Veal Corp**

Subsequent Injuries Benefit Trust Fund Vocational Opinion

I have been requested by Attorney Natalia Foley to perform a forensic vocational analysis and report addressing Ms. Rooks 's ability to compete in the open labor market based upon her subsequent industrial injury as well as pre-existing illnesses and injuries that have created labor disabling conditions that would diminish Ms. Rooks ability to compete in the open market. Due to COVID 19, assessments and reports were delayed.

Introductory Comments

I have been requested by Attorney Natalia Foley to perform a forensic vocational analysis and report addressing Ms. Rooks ability to compete in the open labor market based upon her subsequent industrial injury as well as her pre-existing illnesses and injuries that have created labor disabling conditions that would diminish Ms. Rooks ability to compete in the open market.

My assignment included a face to face interview with Ms. Rooks, a review of her occupational history, medical history and records, physician assessment of her medical conditions and labor disablement, and appointment involving percentage of disability apportioned to the subsequent injury, and pre-existing injuries and illnesses, vocational assessments, transferable skills, the labor market analysis, and whether Ms. Rooks is amenable to vocational rehabilitation.

A thorough evaluation was conducted of Ms. Rooks through vocational testing, research through the OASYS system, the Employment Development Department (EDD), the Dictionary of Occupational titles, the Social Security Administration (SSA), the Occupational Employment Quarterly (OEQ), and pertinent case law to determine Ms. Rooks pre-injury labor disablement, as well as the post-injury labor market access and ability to compete in the open labor market.

I explained to Ms. Rooks my position as an Applicant Vocational Expert and informed her that I would not be providing ongoing vocational counseling. I informed her that the information derived during the evaluation would not be considered confidential and that my findings and opinions would be summarized in a report that would be provided to her attorneys and the Subsequent Injuries Benefits Trust Fund.

I have prepared an index with an overview of my evaluation, with demarcations of each section delineated in the index.

Date and Time of Evaluation

My evaluation occurred with Ms. Rooks on October 4, 2019 at 125 N. Allen Avenue, Pasadena, CA 91106 in a quiet corner office free of distractions. I conducted the evaluation in person with Ms. Rooks and had full view of her entire body throughout the assessment.

Evaluation Timeframes

8 hours for file review of medical and psychological records, 8 hours of face to face time, 4 hours of vocational rehabilitation testing and scoring, 4 hours of interpreting and analysis of the CAPS and Raven Standard Progressive Matrices, 4 hours of research (DOT, OASYS, SSA) and 10 hours and of report writing, proofreading, and editing time for a total of professional time. A total of 38 hours of professional time. An itemized invoice is attached to the report outlining my work in this matter.

Medical Records Review

12/ 13/06 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client presented with nausea and vomiting 2x days, aches, chills, neck pain, diarrhea and cramping. Assessment: Essential hypertension; obesity; smoker; gastroenteritis.

6/26/07 - Progress Note - Kaiser Permanente - Felisa Mamiit, LVN. The client was seen for placement of PPD test.

6/28/07 - Progress Note - Kaiser Permanente - Felisa Mamiit, LVN. PPD reading negative.

8/09/07 - Progress Note - Dreamweaver Medical Group - Handwritten notes indicated the client sustained work injury on this date after a slip and fall onto her left hip from ground level. Injury to left hip, left knee and left ankle. Ankle was the worst and pain in the right shoulder as well. Assessment: Left hip, knee and ankle pain. Plan: Rx Naprosyn, x-rays and off work.

8/09/07 - Doctor's First Report of Occupational Injury or Illness - Dan Le, D.O. The client slipped on a piece of cucumber and fell onto concrete ground. She fell onto her left hip from ground level. No pop or crack was noted. She complained of pain in the left hip, left knee and left ankle. The ankle was the most painful. Diagnoses: Left hip, knee and ankle pain. Treatment Rendered: Naprosyn 500 mg for pain, and ice packs. Follow-up in three days. Work Status: Modified work.

8/09/07 - Initial Orthopedic Consultation - Kenneth Jung, M.D. Client sustained injury to left ankle on 8/09/07. Impression: 1) Left ankle post-traumatic arthritis, status post open reduction/internal fixation ankle fracture. 2) Industrial injury secondary to fall. 3) Ankle pain after industrial fall. Plan: No acute injuries after recent fall. Likely exacerbation of pre-existing condition, post-traumatic arthritis. A lace-up ankle brace was recommended.

8/ 10/07 - X-rays of Left Ankle - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: 1) Old post-traumatic changes of the malleoli status post prior open reduction/internal fixation. 2) Secondary deformity and secondary osteoarthritic changes at the distal tibia and talus.

8/ 10/07 - X-rays of Left Knee - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: 1) Generalized demineralization. 2) Suspect small loose body within the central joint. 3) No acute fracture nor subluxation demonstrated.

8/ 10/07 - X-rays of the AP Pelvis and Lateral Left Hip - Pacific Medical Imaging & Oncology Center - Richard Chao, M.D. Impression: No acute fracture, nor hip dislocation demonstrated. Joint spaces appeared preserved. No pelvic fracture identified.

8/ 14/07 - Progress Note - Dreamweaver Medical Group. Client felt moderately better. Continued left ankle swelling. Assessment: 1) Left ankle sprain. 2) Left knee (illegible). 3) Left hip pain

8/ 14/07 - Work Status Report - Dreamweaver Medical Group - Signature Illegible. The client was given work restrictions in relation to the left ankle sprain and left knee pain, as well as left hip pain. Client referred for physical therapy and MRI.

08/27/07 - Progress Note - Dreamweaver Medical Group - Signature Illegible. Handwritten notes are somewhat illegible. Left knee, ankle and hip injury. Pain and swelling in left knee.

Assessment: Left knee sprain with swelling. Plan: MRI of left knee to rule out meniscal tear, physical therapy and MRI.

8/27/07 - Work Status Report - Dreamweaver Medical Group - Signature Illegible - Client ED until 9/04/07 for diagnosis of left ankle sprain and left knee sprain. Client referred for physical therapy and MRI of the left knee.

9/04/07 - Medical Record Review - Kenneth Jung, M.D. Medical records were reviewed in relation to the 8/09/07 industrial injury.

9/10/07 Comprehensive Orthopedic Evaluation Kerlan Jobe Orthopedic Clinic - Ralph Gambardella, M.D. The client sustained injury to the left knee on 8/09/07. Impression: 1) Synovitis of the left knee with underlying early degenerative osteoarthritis of the left knee including patellofemoral early arthrosis with mild patellofemoral malalignment, left and right knees. 2) Pes bursitis, left knee. Recommendations/ Discussion: Client had evidence of underlying pre-existing early degenerative osteoarthritis of the left knee and further sustained a work-related injury that resulted in a flare-up of her arthritis. She denied having symptoms prior to the work injury. Pre-existing disease was present on x-rays. Diagnostic testing was not recommended. Physical therapy was advised. Rx Voltaren. Work Restrictions: The client was restricted to sedentary work.

11/ 12/07 - ED Provider Notes - Kaiser Permanente - Kristen Duyck, M.D. The client complained of right foot pain and swelling, which was constant and aggravated by walking. Assessment: Foot fracture. Follow-up with orthopedics. Keep moonboot on as recommended. Client taken to ortho cast room. Client discharged in stable condition.

11/12/17 - X-rays of Right Foot - Kaiser Permanente - Matthew Tan, M.D Impression: Fracture at the right fourth and fifth metatarsal bone. Spiral fracture. No significant displacement. Moderate soft tissue swelling of right foot.

11/12/07 - X-rays of Left Ankle - Kaiser Permanente - Matthew Tan, M.D. Impression: 1) No osseous fracture. 2) Status post open reduction/ internal fixation of the left distal fibula and the tibia. 3) Severe degenerative joint disease of the left ankle.

11/ 12/07 - Orthopedic Consultation - Kaiser Permanente - Jennifer Graham, M.D. Client presented with ankle injury. She complained of right foot pain. Date of injury was 11/10/07. Pain rated 9/10. Assessment: Right foot fourth/ fifth fracture - metatarsal neck and bilateral ankle sprain. Plan: Postop shoe applied. Weightbearing as tolerated. Return one week.

11/ 16/07 - X-rays of Right Foot - Kaiser Permanente - Matthew Tan, M.D. Impression: Fracture of the right fourth and fifth metatarsal bone. Spiral fracture. No significant displacement. Moderate soft tissue swelling.

11/ 16/07 - X-rays of the Left Ankle - Kaiser Permanente - Matthew Tan M.D. Impression: 1) No osseous fracture. 2) Status post open reduction/ internal fixation of the left distal fibula and

the tibia. 3) Severe degenerative joint disease at the left ankle. Severe joint space narrowing at the tibiotalar joint.

11/20/07 - Doctor's First Report of Occupational Injury or Illness - Michael Hadley, M.D. Date of injury 11/10/07. Diagnoses: Contusion, left knee. Fracture, right foot. Sprain, left knee. Treatment Rendered: Examination. X-rays. Walker boot/cam walker dispensed. Dispensed Motrin 800 mg and extra strength Tylenol. Referred to orthopedic surgeon. Work Status: Placed on modified duty.

11/20/07 - X-rays of the Right Foot / Left Ankle / Left Knee - Health Care Partners - Michael Vo, M.D. Right Foot Impression: 1) Fractures of the fourth and fifth metatarsals. 2) Abnormal report. Preliminary report sent to Dr. Hadley on 11/21/07. Left Ankle Impression: Postoperative findings in the distal tibia and fibula. There is significant degenerative narrowing of the ankle mortise. Left Knee Impression: 1) Mild osteoarthritis in the left knee.

11/26/07 - Permanent and Stationary Report - Kerlan Jobe Orthopedic Clinic - Ralph Gambardella, M.D. Date of injury was 8/09/07. Final Impression: Underlying degenerative osteoarthritis including patellofemoral arthrosis and mild patellofemoral malalignment, left knee, status post post-traumatic synovitis and pes bursitis, left knee. Recommendations: The client was permanent and stationary for the left knee. Subjective Factors of Disability: Occasional minimal pain with activities of daily living increasing to occasional to intermittent, minimal to slight pain with heavier squatting, kneeling, or lifting activities. Apportionment: There was no apportionment indicated as there was no residual disability. There was definite evidence of pre-existing osteoarthritis. Impairment Rating: 7⁰/ Lower Extremity Impairment for 1 mm joint space narrowing of the knee. Additional 10% Lower Extremity Impairment added for patellofemoral joint. There was 17% Lower Extremity Impairment which converted to 7% Whole Person Impairment for the left knee.

11/29/07 - Orthopedic Consultation - Tomas Saucedo, M.D. Date of injury 11/10/07. Impression: 1) Right foot fourth and fifth metatarsal fractures. 2) Left ankle post-traumatic degenerative osteoarthritis. 3) Left knee sprain. Discussion: Continue with use of cam walker for the right foot. Continue off work. Continue use of Motrin. X-rays requested to assess healing of the right foot.

12/20/07 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. Client using cam walker for right foot fractures, with pain steadily improved. Complaints of pain and discomfort in the left knee and left ankle, which was subjectively improved since the last visit. Impression: 1) Healing right fourth and fifth metatarsal fractures. 2) Left knee sprain, 2) Left ankle sprain. Discussion: Client to continue off work. Encouraged to continue with use of cam walker. A knee immobilizer was to be provided. Weightbearing as tolerated with assistive devices.

12/20/07 - X-rays of the Right Foot - Health Care Partners - Michael Vo, M.D. Impression: Healing fractures of the fourth and fifth metatarsals.

1/ 17/08 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. Right foot pain was steadily improved. Client complained of pain in the left knee with swelling and effusion. She complained of left ankle soreness, Impression: 1) Health right fourth and fifth metatarsal fractures. 2) Left knee internal derangement. 3) Left ankle sprain. Discussion: Right foot fracture appeared to be healing well. Continue conservative measures and use of cam walker. An MRI of the left knee was requested. Client continued off work. For the left ankle, the client was to continue aggressive exercises, and use of Tylenol.

1/17/08 - X-rays of the Right Foot - Health Care Partners - Michael Vo, M.D. Impression: 1) No significant interval change. 2) Continued healing of fracture involving fourth and fifth metatarsals.

1/28/08 - Bilateral Screening Mammogram - Kaiser Permanente Christian Yi, M.D. Impression: Normal study.

2/21/08 – Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D. The client sustained a right foot fracture of the fourth and fifth metatarsals. She also sustained a left ankle sprain and left knee injury. Left knee pain had progressively worsened and appeared to be the result of favoring the right lower extremity and putting all of her weight on the contralateral extremity, which pain had steadily become worse as a result of the initial injury, as well as the underlying degenerative osteoarthritic changes from which the client already suffered. Impression: 1) Healing right fourth and fifth metatarsal fractures. P) Left knee internal derangement. Discussion: The client developed increased pain in the left knee as a result of favoring the right lower extremity. She did have a left knee injury but it was now more painful. An MRI of the left knee was recommended. The right foot appeared to be healing well. Continued healing of fractures involving the fourth and fifth metatarsals.

3/ 19/08 - MRI of the Left Knee - Health Care Partners - Anthony Bledin, M.D. MRI was indicated to rule out internal derangement. Impression: 1) Tear, posterior horn, medial meniscus (grade III). 2) Early osteoarthritic changes of the medial compartment of the knee joint. 3) Knee joint effusion. Findings: Minimal osteoarthritic changes in the knee joint predominantly involving the medial compartment. Fraying and irregularity of the apex of the posterior horn of the medial meniscus. Tear of the posterior horn of the medial meniscus. The body and anterior horn of the medial meniscus appeared normal and the lateral meniscus demonstrated no significant abnormality. Knee joint effusion was present with fluid in the suprapatellar bursa with the volume of the effusion less than 5 cc. No significant popliteal cyst.

3/20/08 - Orthopedic Re-examination - Tomas Saucedo, M.D. The client had no pain or discomfort in the right foot. She had no significant pain in the left ankle. She complained of left knee pain. MRI of the left knee revealed a tear of the posterior aspect of the medial meniscus and evidence of mild early osteoarthritic degenerative changes of the left knee. Impression: 1) Left knee internal derangement with evidence of medial meniscus tear. 2) Right fourth and fifth metatarsal fracture, healed. 3) Left ankle sprain.

3/20/08 - X-rays of Right Foot - Health Care Partners - Michael Vo, M.D. Impression: Continued healing of fourth and fifth metatarsal fractures.

4/ 17/08 - Orthopedic Supplemental Report (PR-2) - Tomas Saucedo, M.D, The client was treated for a right foot fracture which had completely healed. She had no pain or discomfort. She continued to have left knee pain. She had minimal soreness of the left ankle. Left ankle pain was increasing with prolonged periods of standing. Impression: 1) Healed right foot fourth and fifth metatarsal fracture. 2) Left knee internal derangement with evidence of medial meniscus tear. 3) Left ankle postop degenerative osteoarthritic changes with limited range of motion. Discussion: An MRI of the left knee revealed a medial meniscus tear. Surgery was scheduled for 4/24/08. The right foot would continue to be treated conservatively. She was to remain off work.

4/24/08 - Operative Report - Plaza Surgical Center - Tomas Saucedo, M.D. Preoperative Diagnosis: Left knee internal derangement. Postoperative Diagnoses: 1) Evidence of left knee complex tear of the medial and lateral meniscus. 2) Evidence of cartilage tears of the patellofemoral groove, tears of the medial femoral condyle cartilage, lateral femoral condyle cartilage, medial tibial plateau and lateral tibial plateau. Operation Performed: 1) Left knee diagnostic and surgical arthroscopy. 2) Left knee partial medial and partial lateral meniscectomy. 3) Left knee abrasive chondroplasty of the patellofemoral groove, medial femoral, medial tibial plateau, lateral femoral and tibial plateau cartilage.

6/06/08 Orthopedic Supplemental Report (PR-2) - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. Significantly improved left knee pain following arthroscopic surgery. Now six weeks status post-surgery to the left knee. Physical therapy was of benefit. Impression: Status post left knee arthroscopy. Discussion: Continue physical therapy and aggressive home exercise program. Continue Vicodin for pain. Continued off work.

6/ 18/08; 07/ 16/08 - Physical Therapy Progress Report - Associated Sport Therapy - Signature Illegible. Handwritten notes are mostly illegible. Knee pain rated 2-3/10 as of 7/16/08.

7/30/08 - Progress Notes - Kaiser Permanente Kelly Ching, M.D. Client seen for blood pressure. Only eating once per day. Complained of hot flashes x 15 years.

8/28/08 - Orthopedic Supplemental Report Signature Illegible. Handwritten notes are mostly illegible. Severe electrical type pain LLE. No low back pains. Continue Motrin. Strengthening exercises.

9/05/08 - Orthopedic Supplemental Report - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. Client underwent left knee arthroscopy surgery on 4/24/08 and was placed on aggressive physical therapy, as well as a home exercise program. The client indicated her pain had improved significantly. She complained of associated pain in the lower back and some radiculopathy of the left lower extremity. Impression: 1) Status post left knee arthroscopy. 2) Lumbosacral spine strain. 3) Left lower extremity radiculopathy. Discussion: Client was given work restrictions of no prolonged standing and walking, no squatting, climbing or pivoting activities. Continue strengthening program for the left lower extremity. Ibuprofen for pain.

Return in four weeks. A handwritten Orthopedic Supplemental Report from the same date is noted and is illegible.

10/ 10/08 - Orthopedic Supplemental Report. Modified work. Home exercise program.

11/07/08 - Orthopedic Supplemental Report - Signature Illegible. The client complained of left knee pain. Rx Motrin 800 mg, Vicodin, Prilosec. Home exercise program. Modified work.

11/10/07. The client was under the care of this physician for the left knee. She underwent left knee surgery on 4/24/07. The client's pain had improved but was not completely resolved. She had some continued mild discomfort in the left knee. Physical examination was performed. Impression: 1) Status post left knee arthroscopy with partial meniscectomy. 2) Status post left knee abrasive chondroplasty. Discussion: The client was Permanent and Stationary. Subjective Factors of Disability: Intermittent minimal not exceeding that level. Objective Factors of Disability: Partial meniscectomy and abrasive chondroplasty with favorable response. Work Status: Usual and customary job duties with no restrictions. Future Medical Care: Physician care, medications, physical therapy and coverage should an aggravation or recurrence of the same similar symptoms as a result of the initial injury.

1/23/09 - Orthopedic Supplemental Report - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D. The client underwent arthroscopic surgery to the knee on 4/24/08 for partial medial and partial lateral meniscectomies with an abrasive chondroplasty of the patellofemoral groove, medial femoral condyle, medial tibial plateau, lateral femoral and lateral tibial plateau. She was considered Permanent and Stationary as of 12/05/08. Dr. Garnbardella awarded the client 7% Lower Extremity Impairment for the pain based on joint space narrowing of the knee and 10% Lower Extremity Impairment as a result of the patellofemoral joint space narrowing for a total of 17% Lower Extremity Impairment with converted to 7% Whole Person Impairment. It appeared the client did in fact have a preexisting underlying degenerative osteoarthritis of the knee with previous pain that had improved or resolved at the time she had a recurrence of the same problem.

3/06/09 - Progress Notes - Kaiser Permanente - Kelly Ching, M.D. Client seen for help with smoking cessation. Wanted Zyban. Had been disabled due to left knee surgery. Residual left lower extremity swelling. Rx Bupropion, ibuprofen and Lisinopril.

5/01/09 - Bilateral Screening Mammogram - Kaiser Permanente - Morley Slote, M.D.

9/04/09 - Orthopedic Re-examination - Eastside Orthopedic Medical Associates - Tomas Saucedo, M.D., Orthopedic Surgeon. Date of injury 11/10/07. Client last seen 12/05/08 and was considered Permanent and Stationary Impression: 1) Left knee re-injury. 2) Left knee evidence of mild degenerative osteoarthritis. Discussion: Rx Motrin for pain and inflammation. It

appeared this injury was nothing more than a strain to the left knee. She was to continue working.

10/22/09 - Eye Examination - Kaiser Permanente - Anna Montenegro. Client seen for routine eye examination. History of strabismus.

10/22/09 - Stipulation with Request for Award. This is in relation to the date of injury of 8/09/07. Date of injury involved the left knee and left ankle. The injury caused temporary disability for the period 8/22/07 through 9/16/07.

10/22/09 - Stipulation with Request for Award. Case No. ADJ7024643 for the date of injury of 11/ 10/07. The injury caused permanent disability of 1%.

11/09/09 - Progress Note - Kaiser Permanente - Khine Win, M.D. The client presented with chest pain that began 11 / 09/09, as well as upper and lower back pain xl month. Also noted stress at work. Upper and lower back pain worse with going to work. Ankle and knee pain. Neck muscle pain worse and ongoing for past few months. Review of Systems: Positive for myalgias, neck pain, back pain and joint pain. Assessment: Myofascial pain syndrome; counseling on smoking cessation; chest wall pain; muscle spasm.

8/30/10 - Progress Note - Kaiser Permanente - Sabrina Villalba, M.D. Client presented for annual physical and blood pressure check. Client was not taking BP medications and did not like taking meds. Blood pressure this visit was 166/91, weight 217 pounds. Review of Systems: Occasional left ankle pain, better with use of ibuprofen. Assessment/ Plan: Counseling on smoking cessation; essential HTN. Labs ordered. Rx Lisinopril.

1/06/11 - Order Suspending Action. Case No. ADJ7024643, ADJ7024645. Action suspended due to the stipulation not adequately addressing the two injuries, in particular apportionment claimed between the two events, in particular the left ankle and right foot. Dr. Saucedo did not perform an examination or report for all the parts of the body and issue adequate support to the proposed stipulated awards or be rated by the DEU. Abdominal pain was unsupported by the medical record.

3/ 17/ 11 - Orthopedic Agreed Panel QME Evaluation - Thomas W. Fell, Jr., M.D.

5/ 14/ 11 - Eye Exam - Kaiser Permanente - Kris Lum, O.D. The client was seen for a routine eye examination. Client did not fill prescription from last visit. Assessment: 1) presbyopia. 2) Strabismic amblyopia OD. 3) Anisometropia. 4) Cataracts

8/11/11 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client presented for routine Pap smear. The client was status post fall after tripping on pavement two days prior. No head trauma. Scrapes over bilateral anterior knees. Pain in knees. Mammogram and routine lab tests were ordered. Recommended rest, ice and NSAIDs for soft tissue trauma due to fall. Continue Lisinopril and Ibuprofen.

10/ 19/11 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. The client presented with left hand and forearm constant tingling x2 weeks involving all fingers. She was right-hand dominant. She admitted to leaning and sleeping on hands all the time. Assessment: Paresthesia's; osteoarthritis; essential HTN; obesity; smoker; menopausal symptoms. Plan: Routine vaccinations given. Rx ibuprofen 800 mg and Lisinopril.

9/27/13 - Eye Examination - Kaiser Permanente - Terre Watson, O.D. Client seen for routine eye exam. Felt like strabismus OD was increased.

12/16/13 - Call Documentation - Kaiser Permanente - On Call Nurse (RN). Client called regarding left arm tingling and back pain. Tingling in left arm from the wrist up more than one month. Pain to the left side of the bac.

12/ 17/ 13 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client complained of constant left upper extremity tingling including all fingers x 1 month. Possibly related to how she slept. No numbness. Full range of motion. No weakness indicated. Assessment: Left arm paresthesia. Plan: Routine labs ordered. Consider steroids if paresthesia persisted. Restart blood pressure medication.

10/29/14 - Call Documentation - Kaiser Permanente. Message to Dr. Watson. Client stated urgent appointment needed. Client had problems with lenses and a new vision exam was needed.

11/11/14 - Eye Examination - Kaiser Permanente - Terre Watson, O.D. Client seen for routine eye examination. Constantly had to remove glasses to see. New prescription given. Right exotropia and amblyopia (longstanding) and dilation discussed.

12/31/ 14 - Call Documentation - Kaiser Permanente - Elaine Ravare, LVN. Client called regarding work note for days missed from work, 12/29/ 14 and 12/30/14.

12/31/14 - Progress Note - Kaiser Permanente - Jamie McKinney, M.D. Client presented with work slip 12/29/ 14 to 12/30/14. Chills x 4 days, rhinorrhea x 4 days. Client not taking BP medications.

1/09/ 15 - Progress Note - Kaiser Permanente - Paul Reehal, M.D. Ms. Rooks presented with cough and URI symptoms x 1 week. Blood pressure noted to be low after starting new medication. Assessment/ Plan: Cough, URI. Cheratussin AC, saline nasal spray.

1/09/15 - X-ray of Chest - Kaiser Permanente - Fernando Torres, M.D. Negative chest x-ray.

10/02/ 15 - Eye Exam - Kaiser Permanente - Terre Watson, O.D. Client seen for routine eye exam.

3/01/16 - Progress Note - Kaiser Permanente - Daniel Lin, D.O. Client presented with cough x 4 days. Worsening URI symptoms. BP 134/72.

3/08/16 - Progress Note - Kaiser Permanente - Sandra Montes, M.D. Client presented with cough x2 weeks. Complained of myalgias and headache. Medications prescribed.

4/26/16 - Mammogram / Amendment - Kaiser Permanente - Paul Didomencio, M.D. Cluster of coarse heterogeneous calcifications in the right breast.

10/ 14/16 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client needed refill of Motrin for ankle pain and swelling x2 weeks. Client declined meloxicam.

11/07/16 - Progress Note - Kaiser Permanente - Kevin Bromage, M.D. Client was sent by dentist for high blood pressure, which was 198/122. Client indicated she had smoked a cigarette before going into the dentist's office. She stated she was unsure if the BP cuff was the correct size. She was also very anxious regarding dental appointment. She had high blood pressure in the past but no longer needed medication after significant lifestyle changes.

12/09/16 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client called to follow-up on smoking cessation. Smoked ¹/₄ pack per day.

1/25/17 - Telephone Appointment Visit - Kaiser Permanente - Kelly Ching, M.D. Client called and was adamant about needing Motrin refilled for her chronic ankle pain. She had not been seen by this physician in three years. She did not get lab work done as requested. Still smoking 3 cigarettes per day per client. Assessment: Left ankle joint pain; smoker; atherosclerosis of aorta. Plan: Client advised she needed to be seen for evaluation and for lab work. She was instructed to use Tylenol over-the-counter as needed.

1/30/17 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Client seen for follow-up. Requested refill of Motrin. Using Motrin twice a week. Blood pressure 143/86. Assessment: Osteoarthritis; tobacco smoker; vitamin D deficiency; medication refill; elevated blood pressure reading without HTN diagnosis; smoking cessation counseling; atherosclerosis of aorta; menopausal symptoms; obesity. Plan: Routine screenings and vaccinations indicated. Rx Wellbutrin, vitamin D3, Calcium and ibuprofen 800 mg.

2/09/ 17 - Eye Examination - Kaiser Permanente - Richard Gin, O.D. The client was seen for a routine eye examination.

10/05/17 - Nurse Visit - Kaiser Permanente - Lizette Cespeds, LVN. The client was seen for a routine blood pressure check. Blood pressure 197/89. Weight 203 pounds. Pulse 84.

10/11/17 - Progress Note - Kaiser Permanente - David Shaw, M.D. Client presented with complaint of dizziness intermittently for the past 2 weeks. She was worried she had a left facial droop and may have had a stroke. Assessment: Vertigo. Plan: Rx meclizine.

10/23/ 17 - Progress Note - Kaiser Permanente - David Morris, M.D. The client was seen for a blood pressure check. Asymptomatic. Blood pressure was 92/57. Started blood pressure medication 10/05/17. Client advised to hold off on medication for the night and follow-up with titration nurse the following day.

10/23/ 17 - Nurse Note - Kaiser Permanente - Leilani Rebanco Macaseib, RN. Client indicated she had upper left shoulder pain since the prior night with pain rated 3-4/10. She was able to speak clearly. No shortness of breath, chest pain, nausea, vomiting or any symptoms. Nurse and M.D. consult.

10/24/ 17 - Progress Note - Kaiser Permanente - Mi Pham, LVN. Client was seen for a blood pressure check. Blood pressure was 88/57.

11/01/ 17 - Progress Note - Kaiser Permanente - Kelly Ching, M.D. Patient not feeling well. Intermittent vertigo x3 weeks. Blood pressure 134/69. Assessment: Benign paroxysmal positional vertigo; smoker; obesity; atherosclerosis of aorta; vitamin D deficiency; left ankle joint pain. Plan: Diclofenac topical gel prescribed to be applied to affected areas.

History of Present Injury

Ms. Rooks injured in August 2007 and she slipped and fell injuring her left ankle and left knee and received treatment. Ms. Rooks had a second injury in November 2007 when she was picking up clients at work and noticed the car was rolling. She jumped into the car to pull the brake and fell striking her left knee on the ground and twisting her right foot. She had pain in the left knee and right ankle. She was seen at the Kaiser ER and was told she had two fractures in the right foot, treated with a cam walker. Under the treatment of Dr. Saucedo, the right foot became better but she had continued pain in the left knee. She eventually underwent an MRI of the left knee and surgery, which was of benefit. She continued to have ongoing symptoms in the left knee since the surgery. She was released from care by Dr. Saucedo in approximately 2008. She returned to Dr. Saucedo a couple of months ago due to left knee pain and inability to use the clutch in her car. She was provided a cortisone injection to the knee, which was of significant benefit. She subsequently developed a burn to the skin from the topical used to freeze the knee prior to receiving the injection. She was told by Dr. Saucedo that she had bone-on-bone laterally and would need a total knee replacement in the future. Prior Injuries: Left ankle injury, mid-90s, medial and lateral fractures, treated surgically. Pain continued and was worsened by the accident in August 2007. She denied left knee symptoms prior to the injury in August 2007. Present Complaints: The right foot was asymptomatic. Left knee and left ankle symptoms occurred at the same time due to prolonged walking, climbing stairs, squatting, and kneeling, with swelling to the knee and followed by the ankle: Ankle pain was medial and lateral.

Past Medical History

Two work injuries and arthritis of the knee and a heart murmur. History of hypertension. Medications included Lisinopril, hydrochlorothiazide, ibuprofen and Vicodin. Surgeries included left knee surgery for the current injury and prior left ankle surgery.

Background and Educational Information and Social and Economic Considerations

Ms. Rooks was born on June 20, 1949 in New York, New York. She is currently 61 years old at the time of this report. English was her primary language. Ms. Rooks attended elementary at P.S. 34 in New York City and attended High School at Central Commercial High School in New York City (High School Diploma). She later attended college at Seton Hall University in East Orange, New Jersey (B.A. degree), Pacific Oaks College (M.A. Degree, Marriage and Family Therapy) and The Chicago School of Psychology and completed all course work and currently in the process of completing my dissertation in order to receive a PsyD in Marriage and Family Therapy.

Ms. Rooks stated that she drove herself to this morning appointment. She was casually dressed and well-groomed when she reported to the office for her scheduled evaluation. Ms. Rooks was forthcoming and cooperative throughout the interview. At the time of our interview, Ms. Rooks was living in Pasadena. She indicated that she did not have any criminal convictions and denies serving in the military. She indicated that it is difficult to meet her fixed monthly expenditures and barely makes the mortgage payment. The only financial help she receives is from her husband.

Ms. Rooks stated that she has a reliable vehicle which she could utilize for employment purposes. She currently has a class C driver license. She stated that she had no vehicle code violations or accidents currently on her driving record. Ms. Rooks indicated that she would be willing to travel approximately fifteen (15) minutes to work in one direction should she be able to work. Ms. Rooks explained that she would not be willing to use public transportation because of the physical strain it would put on her body given her conditions of disablement. She is not willing to relocate. Ms. Rooks should she be able to work would be available to work Monday through Friday during the day.

Activities of Daily Living

During my interview, Ms. Rooks completed the Activities of Daily Living (ADL) questionnaire with my assistance (Please see attachment on ADL on Appendix A). I asked Ms. Rooks questions regarding how her disabilities affect her activities of daily living.

Ms. Rooks noted that she had difficulty washing and drying herself and dressing herself. Ms. Rooks self-care issues like her eating, grooming, bathing, dressing her upper body and toileting had been difficult for her and she's always getting help and assistance from a family member. Ms. Rooks reported having much difficulty doing light housework such as cleaning and doing laundry. She also has much difficulty with cooking and yardwork activities.

Ms. Rooks could previously cook but no longer is able to because she can't stand for very long and she cannot use her fingers to prepare food. With her physical disorder, she has difficulty standing and using her hands to perform routine household chores such as vacuuming because she experiences shortness of breath.

Ms. Rooks subjective physical tolerances include difficulty sitting and standing for long periods of time. During the assessment, Ms. Rooks had difficulty sitting in her chair for long periods of

time and had to alternatively sit and stand and stretch. Ms. Rooks also reported difficulty walking on a flat surface, walking on incline and walking down on a decline. Ms. Rooks also reported difficulty crouching, bending, stooping, crawling, kneeling and maintaining her balance.

Ms. Rooks states she must always cautiously maintain her balance, especially in the shower or to avoid falling from stairs. At home she often drops cups. She can no longer open jars. For her shoulders, Ms. Rooks has chronic pain and loss of range of motion. She can no longer do overhead work. Because of her arm pain, Ms. Rooks is incapable of vacuuming.

Ms. Rooks also stated some difficulty driving. She also experiences problems getting in and out of the car most especially getting in and out of the car and opening and closing doors. Ms. Rooks also could not turn her head while driving and because of this she could not drive more than 15 minutes. She relied on her family members to drive. Usually her daughter would drive her to her doctors' appointments. Ms. Rooks vision reports difficulty watching TV or reading a book and writing as well as seeing up close and seeing things far. Ms. Rooks reports problems with vision and she has difficulty watching TV or reading a book. She has difficulty seeing both up close and far away. During the assessment, Ms. Rooks needed assistance reading the questions out loud was helpful to her.

Ms. Rooks reports having difficulty sleeping at night. She tries to go to bed around 11:00 p.m. and will sometimes sleep at 2, 3, 4, or even 5 am. It takes her several hours to fall asleep, though she wakes up every 2-3 hours and experiences difficulty going back to sleep. Ms. Rooks also reported that is both difficult to walk up and down a flight of stairs. She also reported difficulty with forward flexion of the neck, as well as difficulty twisting and turning her neck from left to right. Ms. Rooks also reported much difficulty reaching above shoulder level with both left and right arm. Ms. Rooks reported difficulty push and pulling object and gripping a glass of water or carrying a gallon of milk with one or both hands. Ms. Rooks also reported difficulty lifting more than 5 lbs. and much more difficulty lifting more than 10 lbs. and 20 lbs. and much more difficulty lifting more than 50 lbs.

Ms. Rooks reported difficulty with fine finger manipulation like turning screws and bolts, using a cell phone or texting and have trouble with repetitive movements and simple and firm grasping such as holding a cup or carrying a gallon of milk. Ms. Rooks also reported difficulty with her sensory functions, her ability to feel, smell, and taste. The greater of these issues is mostly her touch sensations due to her neuropathy and nerve damage issues. (See attachment: Activities of Daily Living –Appendix A)

Employment History

Ms. Rooks worked as a Licensed Marriage and Family Therapist and Intake Coordinator for D'Veal Family & Youth Services in 855 Orange Grove Blvd. Pasadena, CA 91103. Ms. Rooks was employed from December, 2004 through April 2016. Her job duties included providing individual, marital, and family counseling services to adults and children, to assist clients to identify personal and interactive problems, and to achieve effective personal, marital, and family development and adjustment: Collects information about clients (individuals, married couples, or

families), using interview, case history, and observation techniques, funnel approach, and appraisal and assessment methods. Analyzes information collected to determine advisability of counseling or referral to other specialists or institutions. Reviews notes and information collected to identify problems and concerns. Consults reference material, such as textbooks, manuals, and journals, to identify symptoms, make diagnoses, and develop therapeutic or treatment plan. Counsels clients, using counseling methods and procedures, such as psychotherapy and hypnosis, to assist clients in gaining insight into personal and interactive problems, to define goals, and to plan action reflecting interests, abilities, and needs. Ms. Rooks stated that she left her job due to her age, health conditions and differences in opinions with her professional abilities.

Ms. Rooks also worked for University of Phoenix as a Work Certified Facilitator in 299 N Euclid Avenue, Pasadena, CA from April 2013 - June 2013. Her job duties include developing training modules and workshops that help employees learn essential skills in the workplace. The duties of a training facilitator include assessing the skill level of current employees, creating effective training materials, and delivering training programs. A skills development facilitator has regular contact with senior leadership, to ascertain the needs of the organization. Some training is delivered to individuals and other skills are taught in a group setting. Delivery of training in a virtual format is often included in a facilitator job description. Strong interpersonal skills, creativity, technological skills, and attention to detail, are important qualities of a skills development facilitator. Ms. Rooks stated reported that the reason for leaving her job is because she didn't realize she had to work at least one semester during a course year.

Ms. Rooks also worked for California Institute of Technology in 1200 E. California Blvd. Pasadena, CA, employed from June, 1993 – November, 2000 as a Senior Assistant & Events Coordinator. Her job duties included coordinating all the details required to ensure an event runs smoothly and successfully. Event coordinators can work independently as freelancers, but are often hired by corporations, trade associations and nonprofit organizations to work as an employee. In-house event coordinators can expect to manage a variety of events for their organizations, including trade shows, sales meetings, business meetings, employee appreciation events and virtual events. The reason for leaving was to be employed as a Marriage & Family Therapist Intern

Ms. Rooks also worked for Pacific Oaks College on 45 W Eureka Street, Pasadena. She was employed from September 2004 – December 2004 as an Adjunct Faculty. Her job duties include teaching courses in universities and community colleges in addition to evaluating students and conducting student conferences and develop lectures, conduct seminars and serve other administrative rules within the department. The reason she left the job is because it was only a part time position

Ms. Rooks indicates she has not worked in any capacity since 2014 and is not currently working due to her limited capabilities.

Current Treatment, Therapy and Physical Condition

Ms. Rooks does not participate in physical therapy.

Current Medications

Ms. Rooks brought a list of her medications to the evaluation:

Meloxicam 1x daily (pain)

Trazodone 50 mg – take as needed (sleeping problems)

Atenolol 25 mg 1x daily (high blood pressure)

Effects of Medication on Full Time Employment

Ms. Rooks takes prescription medication as indicated above that severely limits her ability to function in a full-time work setting. Medication usage could limit an employer from fully considering Ms. Rooks from full time gainful employment.

Ms. Rooks takes Meloxicam 1x daily (pain) is used to treat arthritis. It reduces pain, swelling, and stiffness of the joints. Meloxicam is known as a nonsteroidal anti-inflammatory drug (NSAID). The side effects includes upset, nausea, dizziness, or diarrhea may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Ms. Rooks also takes Trazodone 50 mg for sleeping problems. It is also an antidepressant that belongs to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). It affects chemicals in the brain that may be unbalanced in people with depression. Trazodone is used to treat major depressive disorder. Commonly reported side effects of trazodone include: blurred vision, dizziness, drowsiness, headache, nausea, vomiting, and xerostomia. Other side effects include: syncope, edema, ataxia, confusion, diarrhea, hypotension, insomnia, sedated state, and tachycardia.

Ms. Rooks also takes Atenolol 25 mg 1x daily for high blood pressure. It is a beta-blocker that affects the heart and circulation of blood flow through arteries and veins. Atenolol is used to treat angina (chest pain) and hypertension (high blood pressure). Commonly reported side effects of atenolol include: cardiac failure, bradycardia, dizziness, fatigue, and cold extremity.

The side effects of the medications Ms. Rooks is required to take because of her disabilities severely limit Ms. Rooks 's employability. The side effects experienced by Ms. Rooks and her physical limitations will make it very difficult to find employment. Even if she was able to find work, her physical limitations and the side effects of the medication will significantly interfere with her ability to work.

General Observations During Vocational Interview

The evaluation of Ms. Rooks took place at 125 N. Allen Avenue, Pasadena, CA 91106

The vocational evaluation was scheduled to start at 10:00 a.m. and the evaluation began promptly at 10:00 a.m.

Ms. Rooks informed me that she drove approximately thirty (30) minutes to the evaluation.

Ms. Rooks said that she did not take any of her medications prior to the evaluation since her medications side effects will cause her to fall asleep.

She was cooperative and interactive and had normal response timing.

Ms. Rooks was moving around a lot in her chair but did not get up, she said that standing would not help her pain.

She was able to answer all my interview questions with my assistance by reading out loud the questionnaires and assist her in writing her responses. Ms. Rooks completed the task and asked questions herself.

The information gathering part of the evaluation ended at 6:00 pm and Ms. Rooks prepared for the assessment part of the evaluation.

She used her right hand to mark the vocational testing material. She held the pen between her index finger and her thumb. Ms. Rooks used her left hand to turn the pages of the vocational testing material.

Vocational Testing Administered

RAVEN Standard Progressive Matrices

The Raven Standard Progressive Matrices Test is a measure of abstract reasoning and reflects on the ability to solve problems and take in information. (Please see attachment, Appendix B)

The Raven Standard Progressive Matrices (Raven) is a non-verbal measure of the general factor involved in intelligence. The Raven is a pattern recognition test. It is a 60-item test used in measuring abstract reasoning and regarded as a non-verbal estimate of fluid intelligence. It is made of 60 multiple choice questions, listed in order of difficulty. The Abstract tests will almost always be part of assessment for a job. It is used in situations where the examiners want to measure the ability of an individual that is not based on educational background, cultural or linguistic deficiencies. Although these tests seem to have no direct connection with the content of the job you are applying for, they provide an idea of the extent to which you can find solutions and whether you can work flexibly with unfamiliar information. It is thus an indicator of the applicant's IQ. The RAVEN test is composed of geometric figures that require the test taker to select among a series of designs the one that most accurately represents or resembles the one shown in the stimulus material.

Ms. Rooks 's test scores were utilized to aid me in identifying her level of aptitudes and abilities. Further observation of Ms. Rooks during the completion of vocational testing can also be used to establish how she follows directions and is able to maintain a workstation.

During the test, I have provided the explanation regarding the vocational assessments given to Ms. Rooks and the norms used to score for the test. Ms. Rooks started the Raven Standard Progressive Matrices at 11:00 a.m. she understood the directions for the Raven Standard Progressive Matrices. Ms. Rooks displayed normal response timing for someone who was taking the assessment for the first time. At 12:00 p.m. she explained that she wasn't good with patterns, and that her back, neck, and hands were beginning to bother her. Ms. Rooks completed the Raven Standard Progressive Matrices at 2:00 p.m. After completion of the assessment, she was asked if she needed to take a break. Ms. Rooks said she would like to continue the test.

Ms. Rooks 's test results showed that she scored in category **GRADE III “Intellectually average”, the score lies between the 25th and the 75th percentiles.** Ms. Rooks scored 25 correct out of 60 items which puts her on the Grade 111 – Intellectually Average which means that the 25th and 75th percentiles mark the boundaries for the middle 50% of client's that took the test. Half of the clients scored above or below these numbers. For practical purposes, it is convenient to consider certain percentages of the population and to group people's score accordingly. In this way it is possible to classify a person according to the score he obtains as the following:

- GRADE I “Intellectually superior”, if a score lies at or about the 95th percentile for people of the same age group.
- GRADE II “Definitely above the average in intellectual capacity”, if a score lies at or above the 75th percentile. (It may be designated II+ if it lies at or above the 90th percentile.)
- GRADE III “Intellectually average”, if a score lies between the 25th and the 75th percentiles. (It may be designated as III+, if it is above the 50th percentile, and III-, if it is below it.)**
- GRADE IV “Definitely below average in intellectual capacity”, if a score lies at or below the 25th percentile (it may be designated IV-, if it lies at or below the 10th percentile.)
- GRADE V “Intellectually impaired”, if a score lies at or below the 5th percentile for that age group.

The result of Raven Progressive Matrices (RPM) shows that Ms. Rooks has average intelligence which indicates that she seems to have greater reasoning ability and greater cognitive capacity to analyze information. Ms. Rooks results reveal that she can excellently make insights and comprehend relationships among nonverbal figures or designs. Ms. Rooks 's results also show that she has quickness of mind and has the ability to infer and apply patterns and obtains the ability to deal with mental complexity in which are all aspects of our general intelligence. Ms. Rooks 's test scores also show that she has the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas and learn quickly from experience. Ms. Rooks 's test scores show that she has the ability to adapt effectively to the environment either by making a

change in oneself or by changing the environment and finding a new one. Ms. Rooks test results also states that she has the capacity to reorganize her behavior patterns and have the ability to act more effectively appropriately.

Ms. Rooks 's results reveal that she can excellently make insights and comprehend relationships among nonverbal figures or designs. She has quickness of mind and has the ability to infer and apply patterns and possesses the ability to deal with mental complexity which is all of the aspects of one's general intelligence.

CAPS: Career Ability Placement Survey

The CAPS consist of eight (8) test. Test one (1) measures Mechanical Reasoning, test two (2) measures Spatial Relations, test three (3) measures Verbal Reasoning, test four (4) measures Numerical Ability, test five (5) measures Language Usage, test six (6) measures Work Knowledge, test seven (7) measures a person's Perceptual Speed and Accuracy, and test eight (8) measures an individual's Manual Speed and Dexterity.

Vocational Observations During the CAPS Assessment

Ms. Rooks was administered the CAPS. She completed eight (8) of eight (8) assessments, which were relevant to determine her aptitudes and abilities. (Please see attachment – Appendix B). Move this sentence above, after the last sentence.

Ms. Rooks have attained the following results from CAPS

Ms. Rooks scored 50th percentile score in Mechanical Reasoning. This is considered average. The mechanical reasoning test measures how well you understand mechanical principles and the laws of physics. This ability is important especially in courses in Industrial Arts and occupations in Technology as well as jobs in Science.

Ms. Rooks scored 50th percentile score in Spatial Relations. This is average. This test measures how well you can visualize or think in three dimensions and mentally picture the position of objects from a diagram or picture. This ability is important in courses in Art and Industrial Arts and jobs in Science, Technology, and Arts.

Ms. Rooks scored 20th percentile score in Verbal Relations. This is low. This test measures how well you can reason with words and your facility for understanding and using concepts expressed in words. This ability is important in general academic success and in Jobs requiring written or oral communication, especially professional level occupations in Communication, Science and service involving high levels of responsibility and decision making.

Ms. Rooks scored 20th percentile score in Numerical Ability. This is considered low. This test measures how well you can reason with and use numbers and work with quantitative materials and ideas. This ability is important in school courses and Jobs in fields of Science and

Technology involving mathematics, chemistry, physics, or engineering, and in Business and Clerical fields.

Ms. Rooks scored 70th percentile score in Language Usage. This is considered high. This test measures how well you can recognize and use standard grammar, punctuation and capitalization. This ability is especially important in Jobs requiring written or oral communication and in Clerical Jobs as well as professional level occupations in Science, and in all levels of Business and Service.

Ms. Rooks scored 30th percentile score in Word Knowledge. This is considered low. This test measures how well you can understand the meaning and precise use of words. This is important in Communication and all professional level occupations involving high levels of responsibility and decision making.

Ms. Rooks scored 30th percentile score in Perceptual Speed and Accuracy, this is considered low. This test measures how well you can perceive small detail rapidly and accurately within a mass of letters, numbers, and symbols. This ability is important in office work and other jobs requiring fine visual discrimination.

Ms. Rooks scored 20th percentile score in Manual Speed and Dexterity which is considered below average. This test measures how well you can make rapid and accurate movements with your dominant hand. This ability is important in Arts, Skilled and Technology, skilled occupations and other jobs requiring use of the hands.

The results of Ms. Rooks 's test reports that her strongest areas were in the area of in Language Usage. This test measures how well you can recognize and use standard grammar, punctuation and capitalization. This ability is especially important in Jobs requiring written or oral communication and in Clerical Jobs as well as professional level occupations in Science, and in all levels of Business and Service. Also, Mechanical Reasoning. The mechanical reasoning test measures how well you understand mechanical principles and the laws of physics. This ability is important especially in courses in Industrial Arts and occupations in Technology as well as jobs in Science. I addition, Spatial Relations and this test measures how well you can visualize or think in three dimensions and mentally picture the position of objects from a diagram or picture. This ability is important in courses in Art and Industrial Arts and jobs in Science, Technology, and Arts.

TSA: Transferrable Skills Analysis

To assist in my analysis, I used the OASYS system to analyze a computerized transferrable skills analysis.

The **OASYS** is system used to analyze a computerized transferrable skills analysis. The OASYS system is a computerized aided Vocational Expert support system. The system matches an individual's skills to employer demands. The OASYS system is used to gain access to the following aggregate resources:

- Dictionary of Occupational Titles (DOT)

- National Employment Outlook
- State Employment Outlook
- Census Wage Data
- O-Net Occupational Information

The **OASYS** program provides vocational options that remain available for Ms. Rooks due to her functional limitations. However, these results are subject to further analysis by me based upon my training, experience, and knowledge of the workforce. Further research was conducted with the Employment Development Department (EDD), the Social Security Administration (SSA), and the Occupational Employment Quarterly (OEQ) in helping make my determinations.

The EDD supplies information regarding the types of occupations available within geographical areas including the salaries available for various occupations. The EDD lists potential occupations available to Ms. Rooks in her geographical area. (see attachment on Appendix B)

Work History Summary and Corresponding DOT Codes

Ms. Rooks prior work experience includes positions as a Marriage and Family Therapist, Events Coordinator and Adjunct Professor (Please see Attachment on Appendix C). These occupations were used as part of the transferrable skills analysis.

OASYS System Settings

The OASYS system accessed the Los Angeles, California Metropolitan Division (MD) to determine Ms. Rooks transferability of skills.

The OASYS system factored in information for the labor market from year June 2018 which is the most recent data available.

Ms. Rooks entire work history was used to determine transferability of skills.

The **DOT** occupations have a Specific Vocational Preparation (SVP) level. This is defined as the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific Job-worker situation.

The DOT defines the SVP levels as follows:

Level	Time
1.	Short demonstration only
2.	Anything beyond short demonstration up to and including 1 month
3.	Over 1 month up to and including 3 months
4.	Over 3 months up to and including 6 months
5.	Over 6 months up to and including 1 year
6.	Over 1 year up to and including 2 years
7.	Over 2 years up to and including 4 years
8.	Over 4 years up to and including 10 years

9. Over 10 years

The **Occupational Employment Quarterly (OEQ)** states that unskilled employment has an SVP level of one (1) or two (2), semi-skilled employment has an SVP level of three (3) to four (4), and skilled employment has an SVP level greater than four (4). I agree with these definitions of unskilled, skilled, and skilled employment after reviewing SVP as defined by the DOT.

Ms. Rooks work history shows that she had the capacity to work at an SVP level of 3, which is considered **skilled**.

Further research was also conducted with the Social Security Administration (SSA) SSR §404.1568 Skill Requirements which states the following about semi- skilled work:

“(b)” Skilled work is any worker who has special skill, training, knowledge, and ability in their work. A skilled worker may have attended a college, university or technical school. Or, a skilled worker may have learned their skills on the job. Examples of skilled labor include engineers, scientists, software development, paramedics, police officers, soldiers, physicians, crane operators, truck drivers, machinist, drafters, plumbers, craftsmen, cooks and accountants. These workers can be either blue-collar or white-collar workers, with varied levels of training or education, even though they sometimes are called "purple collars".

Ms. Rooks subjective physical tolerances were not used in the determination of her transferability of skills.

The **OASYS** system was set to review Potential Matches, which are jobs that Ms. Rooks has the potential to perform according to her education, abilities, and personal interests. Potential Matches are based on worker traits and may require a career change.

The **OASYS** system is unable to consider a full range of psychiatric limitations. As it relates to psychiatric limitations, the OASYS system can consider the following “situations”:

- Directing, controlling, or planning activities of others
- Performing repetitive or short-cycle work
- Influencing people in their opinions, attitudes, and judgements
- Performing a variety of duties
- Expressing personal feelings
- Working alone or apart in physical isolation from others
- Performing effectively under stress
- Attaining precise set limits, tolerances, and standards
- Working under specific instructions
- Dealing with people
- Making judgements and decisions

The **OASYS** system was set to consider a pre-injury functional ability at a Sedentary level of physical functioning, which was Ms. Rooks level of physical functioning primarily performed prior to her subsequent industrial injury. The Dictionary of Occupational Title (DOT) defines a Sedentary level of functioning as Sedentary Work- Exerting up to ten (10) pounds of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involved sitting most of the time but may involve walking or standing for brief periods of time.

Results of Transferable Skills Analysis

The OASYS system determined that Ms. Rooks given her functional limitations has incurred a ninety-two (92) percent loss of labor market access.

The functional limitations assigned to Ms. Rooks further erode the labor market that would be available to her at a Sedentary level of physical functioning. A sedentary level of jobs is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Although sitting is primarily involved in a sedentary job, walking and standing should be required only occasionally. There are limited jobs or increasingly fewer jobs for Ms. Rooks that she can do you can do due to this “eroding the occupational base” for sedentary work. With Ms. Rooks multiple work-related limitations, the occupational base for sedentary work has been significantly eroded to the point that there are no sedentary jobs she is capable of doing due to her physical limitations.

The results of the OASYS Program and the results of the transferable skills analysis in all vocational probability contributed to my opinion that Ms. Rooks is unable to return to work in any position or occupation. (Please see attachment on Appendix C)

The OASYS system does produce occupations occurring at an SVP of one (1) or two (2). Jobs in these categories are considered simple jobs that do not require multiple steps to complete job tasks. These jobs were taken in consideration during the completion of the transferable skills analysis. However, the loss of capacity of her bilateral upper extremities significantly reduce the labor market available Ms. Rooks at a Sedentary level of physical functioning.

1. Activities of Daily Living- Mild Impairment
2. Social Functioning- Mild Impairment
3. Concentration- Mild Impairment
4. Adaptation- Mild Impairment

Dr. Gregory Heine stated that Ms. Rooks has mild impairments in activities of daily living, social functioning, concentration and adaptation as well as depression, anxiety, low self-esteem and other psychological factors, all of which would also contribute to Ms. Rooks ’s labor disablement. Ms. Rooks ’s job as a Marriage and Family Therapist.

Also, Ms. Rooks side effects from her medication which includes dizziness, drowsiness, weakness and blurred vision will greatly affect and impair her concentration and remembering information essential for her job as a Marriage and Family Therapist. Furthermore, Ms. Rooks job requires frequent sitting, walking, standing as a Marriage and Family Therapist. As mentioned earlier, Ms. Rooks is restricted from prolonged sitting and standing and lifting more than 10 pounds.

The synergistic effect of the previously mentioned functional limitations resulting from Ms. Rooks pre-existing non-industrial and industrial injuries, combined with her cumulative trauma industrial injury of Ms. Rooks in all vocational probability has incurred a total loss of labor market access. Ms. Rooks cannot perform this job due to the fact that the physical requirements require constantly sitting, walking and or standing frequently, pushing and or pulling of arm and or leg controls, reaching frequently and extending hands and arms in any direction. Frequent handling, seizing, holding, grasping and turning, fingering and occasionally picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm.

Amenableness to Rehabilitation

Methods of Rehabilitation

- 1) Modified Work
- 2) Alternative Work
- 3) Direct Placement
- 4) On-the-Job-Training (OJT)
- 5) Vocational Training
- 6) Self-Employment

Methods #1 and #2: Ms. Rooks employer has been unable to offer permanent modified or alternative work. Ms. Rooks is not amenable to this form of vocational rehabilitation. Ms. Rooks's employer will suffer undue hardship if they attempt to accommodate Ms. Rooks as the employer consists of no more than 5 employees. The job cannot be modified or alternated.

Ms. Rooks employer will have to help her accommodate her work, meaning a co-worker will be assigned to job shadow her work, assisting her on her work duties, allowing the coworker to see and understand the nuances of the particular job. The job shadowing employee is able to observe how the employee does the job, the key deliverables expected from the job and the employees with whom the job interacts. The only issue here is that there will not be enough employees to do the job shadow since the employer might not have the financial means to support it. Such modification or accommodation is burdensome on the employer and simply not practical.

Ms. Rooks 's job as a Marriage and Family Therapist requires her to sitting and standing for long periods of time and walk around and she cannot do any of these for extended periods of time, if at all, without help or breaks. Breaks are not practical because she would have to take breaks too

often. Ms. Rooks will have to take many breaks and her employer will only allow 15 minutes increments or more every 2-3 hours in 8 hours shift. This will be costly to her employer because most of her time are spent on frequent breaks to accommodate her work. This Ms. Rooks would not be able to do because the job requires constantly sitting and frequent standing and constant use of her hands to handle her work and also the frequent bending and twisting of her body as well as sitting and standing for long periods of time.

Methods #3 and #4: Ms. Rooks 's direct placement and OJT (On the Job Training) will not also apply here since both requires and demands the essential function of the job in which Marriage and Family Therapist job require her sit for long periods of time and to be able to speak clearly so clients can understand.

The functional limitations assigned by Dr. Gregory Heine compromise Ms. Rooks to the point that her post-injury occupational base will be completely eroded rendering her not amenable to this form of vocational rehabilitation.

Dr. Gregory Heine stated on his report that Ms. Rooks has frequent low back pain with numbness and tingling radiating down both lower extremities to the feet, difficulty with lifting at 10 lbs., pushing, pulling, sitting too long and bending. Ms. Rook's back pain disrupts her sleep and frequent pain in her left and right foot problems, climbing and walking too long or on uneven ground. The physical restrictions impaired her ability to do her job as a Marriage and Family Therapist since her job requires her to be sitting and walking for long periods of time, stand for long periods of time, repeating the same movements with constant use of her hands and constant bending and twisting of her body.

Ms. Rooks Marriage and Family Therapist's physical job requirements requires lifting, carrying, pushing, pulling 20 lbs., frequently up to 10 lbs. constantly. Ms. Rook's job also requires constant sitting, frequent walking and or standing frequently, pushing and or pulling of arm and or leg controls, reaching frequently and extending hands and arms in any direction, frequent handling, seizing, holding, grasping and turning, fingering and occasionally picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling. Ms. Rooks's also requires frequent talking and performing repetitive or short-cycle work.

Method #5

Vocational retraining programs would provide Ms. Rooks with new or enhanced skills for new types of work. However, the training programs available for her are extremely limited given the significant functional limitations assigned by the doctors noted above. Participating in vocational training programs will require for her to participate with the vocational programs such as doing work evaluations and vocational trainings to prepare her for employment.

Vocational rehabilitation retraining plans may produce new employment opportunities for Ms. Rooks but it is clear that the functional limitations assigned to Ms. Rooks is a complete loss of labor market access. Ms. Rooks is very limited in participating in any of the vocational training program and it will be physically demanding for her to participate in the vocational evaluation and assessment process for employment purposes.

Her ability to compete in the open labor market has been completely eroded due to the fact that it will be physically demanding for her to engage in the vocational training program process for employment purposes. She is also not required to have to learn a completely new job or skill since this is her career.

Ms. Rooks vocational training program will require for her to be able to pass the application and physically attend the training program and pass. Based from my examination and assessments, this will be physically demanding for her to do knowing the fact that she is not able to be physically and mentally do the training or programs.

Method #6:

Self-employment is one of the most “rigorous, high risk” type of plans. At the very least a market analysis, competition location, pricing, income/revenue projection and an evaluation of the plan to be developed, implemented, and maintained over time is required in my opinion and considering the disabling effects of Ms. Rooks industrial conditions, it would be futile to spend the limited available resources to conduct such an evaluation.

Therefore, when considering the synergistic effect of Ms. Rooks pre-existing non-industrial and industrial functional limitations, combined with the functional limitations resulting from her industrial injury. Ms. Rooks amenability to rehabilitation is significantly impaired meaning that vocational rehabilitation will not return her to the open labor market.

Montana Factors

Montana Factors are taken from the case of *Argonaut Ins. Co v Industrial Acc. Com (Montana)* (1962) 57 Cal2d 589 [27 Cal Comp Cases 130) Montana Factors include ability to work, health willingness and opportunities for persons similarly situated.

I believe Ms. Rooks ability to work, health, willingness and opportunities to work, skill and education, general condition of the labor market, and employment opportunities for individuals that are similarly situated render Ms. Rooks unable to return to suitable gainful employment in the open labor market.

I have addressed said Montana Factors as follows:

Ability to Work

Regarding Ability to Work, I refer to the following functional limitations assigned by Dr. Gregory Heine.

Dr. Gregory Heine stated on his report that Ms. Rooks has frequent low back pain with numbness and tingling radiating down both lower extremities to the feet, difficulty with lifting at 10 lbs., pushing, pulling, sitting too long and bending. Ms. Rooks 's back pain disrupts her sleep and frequent pain in her left foot problems and climbing and walking too long or on uneven ground. The physical restrictions impaired her ability to do her job as a Marriage and Family Therapist. As a Marriage and Family Therapist she is required to be on her feet and her ability to

work is completely diminished because she is unable to do the required tasks her job would entail because of the functional limitations that have resulted from her disabilities.

Here's the Physical Requirements for Marriage and Family Therapist:

Strength: Sedentary Work

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Reaching: Occasionally

Extending hand(s) or arm(s) in any direction.

Handling: Occasionally

Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift automobile gears.

Fingering: Occasionally

Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.

Talking: Constantly

Expressing or exchanging ideas by means of the spoken word to impart oral information to clients or to the public and to convey detailed spoken instructions to other workers accurately, loudly, or quickly.

Hearing: Constantly

Perceiving the nature of sounds by ear.

Near Acuity: Occasionally

Clarity of vision at 20 inches or less.

Considering the above noted functional limitations resulting from Ms. Rooks pre-existing non-industrial and industrial functional limitations, combined with the functional limitations resulting from her industrial injury, because I believe that Ms. Rooks, in all vocational probability, does not possess the ability to return to work, in a suitable gainful basis in the current open labor market.

Willingness and Opportunities to Work

Ms. Rooks has been unable to find any sustainable employment since her industrial injury. She attempted to find employment but could not. She believes this is a result of her constant pain from her injuries. Ms. Rooks have attempted to apply for job but had limited work experiences and the physical requirements needed for the job. Based on this information, I believe that Ms.

Rooks has demonstrated the willingness to work but has not been provided the opportunity to return to work because of the synergistic effect of the functional limitations resulting from her pre-existing non-industrial and industrial injuries, combined with her industrial injury. Ms. Rooks opportunities to return to work are slim because of all the accommodations the employer will need for the job.

Ms. Rooks job as Marriage and Family Therapist will require an adjustment to her job or work environment which makes it possible for an individual with a disability to perform the essential functions of her job.

Ms. Rooks will need accommodations and modifications to the work environment and even adjustments to her work schedules or responsibilities due to physical limitations of her job as a Marriage and Family Therapist/Attendant. As noted above, the accommodations and modifications Ms. Rooks would require are simply too burdensome and unrealistic for an employer to make.

OCCUPATIONAL REQUIREMENTS FOR MARRIAGE AND FAMILY THERAPIST

Specific Vocational Preparation (SVP)

Level 8 (4-10 Years)

GED	Level
Reasoning	Level 5
Mathematics	Level 3
Language	Level 5

Aptitudes	Level
General Learning Ability	Level 2
Verbal Aptitude	Level 1
Numerical Aptitude	Level 3
Spatial Aptitude	Level 4
Form Perception	Level 4
Clerical Perception	Level 2
Motor Coordination	Level 4
Finger Dexterity	Level 4
Manual Dexterity	Level 4
Eye-Hand-Foot Coordination	Level 5

Color Discrimination Level 5

Physical Demands Level *

Strength	Sedentary
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Talking	Constantly
Hearing	Constantly
Near Acuity	Occasionally

Environmental Conditions Level *

Noise Intensity Level Quiet

Work Situations

- I** Influencing people in their opinions, attitudes, and judgments
- V** Performing a Variety of duties
- P** Dealing with People
- J** Making Judgments and decisions

Data-People-Things

Data	1 - Coordinating
People	0 - Mentoring
Things	7 - Handling

General Condition of The Labor Market

I researched the General Condition of the Labor Market using the State of California Employment Development Department (EDD) for the Los Angeles area.

Based on my research from EDD and based on documentation from October 20, 2017, between August 2017 and September 2017, the total number of jobs located in the Los Angeles – California MD explained by forty-three thousand five hundred (43,500) jobs to reach a total of four million four hundred and forty-eight thousand and six hundred (4,448,600) jobs. Between

September 2016 and September 2017, the total number of jobs located in the Los Angeles California area expanded by fifty thousand eight hundred (50,800) jobs.

It is used to collect, analyze and publish statistical data and reports on California's labor force, industries, occupations, employment projections, wages and other important labor market and economic data.

Based on the OASYS Program and Skillstran Program using the resources and considering the synergistic effect of functional limitations resulting from Ms. Rook's pre-existing non-industrial and industrial injuries, combined with her industrial, I believe that employment opportunities for persons similarly situated are unfavorable and unlikely.

Accommodations and Vocational Analysis

I have considered workplace accommodations. Employers are required to provide reasonable accommodations to allow an individual to complete the essential functions of their job.

As indicated above, employers must provide reasonable accommodations to Ms. Rooks because of her functional limitations so that she may perform essential functions of any job she could obtain in the open labor market. An employer however does not have to provide reasonable accommodations if those accommodations will result in undue hardship.

Ms. Rooks work limitations includes unable to lift or carry objects required, unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers, unable to sustain a continuous or prolonged standing or sitting position of the body, unable to sustain consistent physical work effort, significantly restricted in ability to tolerate typical psychological stresses in the work environment. Ms. Rooks work limitations prevents her from being able to tolerate the common environmental conditions found at work, unable to sustain a consistent mental work effort and unable to complete tasks at a pace comparable to that of the average person in the general population.

Ms. Rooks 's employer will not be able to provide reasonable accommodations. Ms. Rooks 's employer will need to provide reasonable accommodations such as job restructuring which alters the essential function of her job as a Marriage and Family Therapist. Ms. Rooks 's employer cannot modify her work schedules due to her medical appointments and hospital visit, since she will be in and out of the hospital. Ms. Rooks has lists of medications to take into consideration. The medications side effects will affect her work performance that will prevent her from doing her job properly.

Ms. Rooks 's need for accommodations will cause undue hardship to the employer if it requires significant difficulty or expense when considered in light of factors such as an employer's size and financial resources. If Ms. Rooks will return to her job as a Marriage and Family Therapist, it will not be cost effective to the employer because her employer will be required to hire another person to help Ms. Rooks with her job. Ms. Rooks will not be capable of doing her work absent the help of another person. Ms. Rooks will nevertheless still be expected to perform the essential

functions of the job with or without reasonable accommodations. In the case of Ms. Rooks, it would be unreasonable and unrealistic for an employer to fully accommodate Ms. Rooks such that she would be capable of adequately performing in any capacity.

In reaching my vocational opinion regarding Ms. Rooks, I considered the synergistic effect of the functional limitations resulting from her pre-existing non-industrial and industrial injuries combined with her industrial injury during the interpretation of the vocational testing results and the transferable skills analysis. In this case, considering all her functional physical limitations resulting from her pre and post injuries, Ms. Rook's disabilities have rendered her unable to perform the substantial and material acts necessary to perform any job in the usual or customary way in which the job is meant to be performed.

Conclusion

A person has a functional limitation when he or she, because of a disability, cannot meet the strength, stamina, endurance or psychological stresses of a job regardless of the work skills possessed by the person; or cannot tolerate the physical environment of the workplace. In this case, Ms. Rooks is significantly restricted in ability to meet typical physical employment requirements to perform previous job or usual line of work such unable to lift or carry objects required, unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers, unable to sustain a continuous or prolonged standing or sitting position of the body, unable to sustain consistent physical work effort, significantly restricted in ability to tolerate typical psychological stresses in the work environment, unable to tolerate the common environmental conditions found at work, unable to sustain a consistent mental work effort and unable to complete tasks at a pace comparable to that of the average person in the general population.

Ms. Rooks opportunities to return to work are slim because of all the accommodations the employer will need for the job. Ms. Rooks job as Marriage and Family Therapist will require an adjustment to her job or work environment which makes it possible for an individual with a disability to perform the essential functions of her job. Ms. Rooks will need accommodations and modifications to the work environment and even adjustments to her work schedules or responsibilities due to her physical limitations. I have determined that Ms. Rooks is not amenable to any form of vocational rehabilitation. Her functional limitations combined with the intensity, duration, and nature of her chronic and disabling pain will preclude her pre-injury skills and academic accomplishments. I do not believe that Ms. Rooks is amenable to any form of rehabilitation and thus has sustained a total loss in her capacity to meet any occupational demands.

I reserve the right to augment or change my opinion based upon any additional medical, legal, or vocational documentation that becomes available for further review.

I am of the hope that the information noted above is of value to you. I would like to thank you for the opportunity to provide a Vocational Opinion regarding Ms. Rooks. If you should have any questions or require any further information, please contact me.

On October 4, 2019 at your request I had the opportunity to examine Ms. Rooks, regarding our stated vocational opinion about Ms. Rooks current work preclusions/limitations, transferable skills, and labor disablement.

I have personally obtained the history from the client conducted the examination, reviewed the records and prepared this report. I have provided the vocational testing results, transferability of skills and conducted a final review and made any necessary changes. I certify my signature below that the opinions stated above are my own.

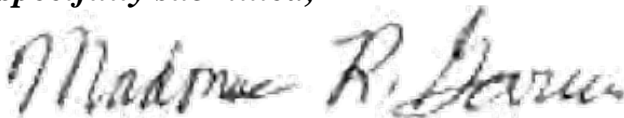
I declare under the penalty of perjury that the information contained in this report and its attachments if any, is true and correct to the best of my knowledge, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes that information provided to me and, except as noted herein, that I believe it to be true. I further declare under penalty of perjury that there has not been a violation of Labor Code section 139.32.

This report may contain sensitive material which may be distressing to certain employees and may be misunderstood. Per ethical standards, this report should be provided to an employee only by a Vocational Expert who is qualified to carefully assess the employee, assume the professional responsibility for the disclosure of the information relative to the employee and explain the information in an accurate manner.

The information contained in this report, and all attachments, is confidential, privileged and may also be proprietary business information that is intended only for the personal and confidential use of the recipient(s) named above. If the reader of this report is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this report in error and any review, dissemination, distribution or copying of this report is strictly prohibited. If you received this communication in error, please notify the sender immediately and delete the original report.

Signed in the County of Los Angeles, California on August 24, 2020

Respectfully submitted,



Madonna R. Garcia

Madonna R. Garcia, MRC, VRTWC

Masters of Rehabilitation Counseling (MRC)
Vocational Return To Work Counselor (VRTWC)
Vocational Rehabilitation Counselor (VRC)
Clinical Rehabilitation Counselor (CRC)

APPENDIX A

ACTIVITIES OF DAILY LIVING

Activities of Daily Living	Without difficulty	With SOME difficulty	With MUCH difficulty	FOR HOW LONG A PERIOD OF TIME	UNABLE TO DO
Self-Care, Personal Hygiene					
<i>Comb your hair</i>			x		
<i>Wash and dry yourself</i>		x			
<i>Dress yourself including shoes</i>		x			
<i>Light Housework</i> <i>(Cleaning, laundry, Etc.)</i>			x		
<i>Heavy Housework</i> <i>(Vacuuming, sweeping, mopping,)</i>					x
<i>Cooking</i>					x
<i>Yard Work</i>					x
<i>Other Housework: Describe:</i>					
Travel					
<i>Driving a car (automatic transmission)</i>		x			
<i>Get in and out of cars</i>		x			
<i>Opening and Closing Car Door</i>		x			
Vision					
<i>Watch Television</i>	x				

(with glasses on)					
<i>Read a Book</i>			x		
<i>Seeing up close</i>			x		
<i>Seeing things far</i>			x		
Sleep				x	
<i>Sleep at Night</i> (insomnia)				x	
<i>Nap During the Day</i>		x			

Ms. Rooks stated that she goes to bed around 7:00 pm. It generally takes her all night and she usually wake up all night.

Subjective Physical Tolerances

Subjective Physical Tolerances	Without difficulty	With SOME difficulty	With MUCH difficulty	FOR HOW LONG A PERIOD OF TIME	UNABLE TO DO
<i>Sit</i>			x		
<i>What, if anything makes sitting more comfortably?</i>					
<i>Stand</i>		x			
<i>Walk on a Flat Surface</i>		x			
<i>Walk on an Incline</i>		x			
<i>Walk on a Decline</i>		x			
<i>Is it easier to walk up or down an incline? Both</i>					
<i>Crouching</i>			x		
<i>Bending</i>			x		
<i>Stooping</i>			x		

<i>Crawling</i>			X		
<i>Kneeling</i>			X		
<i>Maintaining Balance</i>					
Do you require a device to maintain your balance? Describe: uses clutch and walker for uneven surfaces					
<i>Walking up 1 flight of 10 steps</i>		X			
<i>Walking Down 1 flight of 10 steps</i>		X			
<i>Is it easier to walk up or down a flight of 10 steps?</i> <i>Up</i>		X			
<i>Forward flexion of neck</i>		X			
<i>Twisting of neck left or right</i> <i>RIGHT</i>		X			
<i>Is your Dominant Hand: RIGHT or LEFT</i> <i>RIGHT</i>		X			
<i>Reach above shoulder level with RIGHT Arm</i>		X			
<i>Reaching at shoulder level with RIGHT Arm</i>		X			
<i>Reach below shoulder level with RIGHT Arm</i>		X			
<i>Push/Pull light objects</i>		X			
<i>Gripping a glass of water</i>		X			
<i>Carrying a gallon of milk with one or both hands</i>		X			
<i>Lift more than 5 lbs.</i>			X		
<i>Lift more than 10 lbs.</i>			X		
<i>Lift more than 20 lbs.</i>					X

<i>Lift more than 50 lbs.</i>					x
<i>Fine finger manipulation (turning screws/bolts, using a cell phone or texting)</i>					
<i>Simple grasping</i>		x			
<i>Firm Grasping</i>			x		
<i>Writing</i>			x		
<i>Typing</i>			x		

	Without difficulty	With SOME difficulty	With MUCH difficulty	FOR LONG PERIOD TIME	HOW A OF	UNABLE TO DO
<i>Feel what you touch</i>	x					
<i>Smell the food you eat</i>		x				
<i>Taste the food you eat</i>		x				
<i>Talking/Speak clearly</i>	x					
<i>Hearing from LEFT ear</i>		x				
<i>Hearing from RIGHT ear</i>		x				

APPENDIX B

VOCATIONAL TESTING

Raven Standard Progressive Matrices (Raven)

The Raven Standard Progressive Matrices (Raven) is a non-verbal measure of the general factor involved in intelligence. Problem solving The Raven very fundamental cognitive performance which is relatively uninfluenced by cultural influences The Raven is a pattern recognition test

For practical purposes, it is convenient to consider certain percentages of the population and to group people's scores accordingly in the way, it is possible to classify a person according to the score they obtained as:

GRADE I “Intellectually superior”, if a score lies at or about the 95th percentile for people of the same group.

GRADE II “Definitely above the average in intellectual capacity”, if a score lies at or above the 75th percentile. (It may be designated II+ if it lies at or above the 90th percentile.)

GRADE III “Intellectually average”, if a score lies between the 25th and the 75th percentiles. (It may be designated as III+, if it is above the 50th percentile, and III-, if it is below it.

GRADE IV “Definitely below average in intellectual capacity”, if a score lies at or below the 25th percentile (it may be designated IV-, if it lies at or below the 10th percentile.)

GRADE V “Intellectually impaired”, if a score lies at or below the 5th percentile for that group.

I used the table as found in Henry R. Burke's article, *Raven Progressive Matrices* (1938) to interpret Ms. Rooks assessment score. Burke addresses norms, reliability, and validity with the comparison of veterans in vocational counseling from 1964 through 1972. There included a group of five hundred and fifty (550) veterans in psychiatric screening. Burke also studied veterans receiving screenings from 1973 through 1978, the number of participants was two thousand four hundred and sixteen (2416).

Burke (1972) published a set of American norms on the untimed routine administration of the Raven Progressive Matrices (1938) to five hundred and sixty-seven (567) male black and white East Orange Veteran's administration hospital patients who had been referred (1964-1772) for vocational counseling. These norms might be considered to have general applicability because veterans roughly represent a cross-section of the general male population, and true sex differences of the Raven have not been demonstrated reliably (Court & Kennedy, 1976). According to Burke, “From 1973 to 1978 the untimed use of the Rave matrices was continued

routinely in the counseling Center, and it also was used in the routine post-admission test screening of black and white veteran patients from the Psychiatric Service.”

Career Ability Placement Survey (CAPS)

The CAPS consist of eight (8) test. Test one (1) measures Mechanical Reasoning, test two (2) measures Spatial Relations, test three (3) measures Verbal Reasoning, test four (4) measures Numerical Ability, test five (5) measures Language Usage, test six (6) measures Work Knowledge, test seven (7) measures a person’s Perceptual Speed and Accuracy, and test eight (8) measures an individual’s Manual Speed and Dexterity. The test is described as follows:

Mechanical Reasoning:

Measures how well you understand mechanical principles and the laws of physics. Their ability is important especially in courses in Industrial Arts and occupations in Technology as well as jobs in Science.

Spatial Relations:

Measures how well you can visualize or think in three dimensions and mentally picture the position of objects from a diagram or picture. Their ability is important in courses in Art and Industrial Arts and jobs in Science, Technology, and Arts.

Verbal Reasoning:

Measures how well you can reason with words and your facility for understanding and using concepts expressed in words. Their ability is important in general academic success and in Jobs requiring written or oral communication, especially professional level occupations in Communication, Science and service involving high levels of responsibility and decision making.

Numerical Ability:

Measures how well you can reason with and use numbers and work with quantitative materials and ideas. Their ability is important in school courses and Jobs in fields of Science and Technology involving mathematics, chemistry, physics, or engineering, and in Business and Clerical fields

Language Usage:

Measures how well you can recognize and use standard grammar, punctuation and capitalization. Their ability is especially important in Jobs requiring written or oral communication and in Clerical Jobs as well as professional level occupations in Science, and in all levels of Business and Service.

Word Knowledge:

Measures how well you can understand the meaning and precise use of words. There is important in Communication and all professional level occupations involving high levels of responsibility and decision making.

Perceptual Speed and Accuracy:

Measures how well you can perceive small detail rapidly and accurately within a mass of letters, numbers, and symbols. Their ability is important in office work and other jobs requiring fine visual discrimination.

Manual Speed and Dexterity:

Measures how well you can make rapid and accurate movements with your dominant hand. Their ability is important in Arts, Skilled and Technology, skilled occupations and other jobs requiring use of the hands.

Data was collected for the 2007 norms between January 2004 through May 2007 from samples of eighth (8th) through twelfth (12th) grade students totaling twenty-two thousand eight hundred and four (22,804) participants. The participants were taken from various regions of the United States: Midwest, Northeast, South and West. I used the norms of the tenth (10th), eleventh (11th), and twelfth (12th) graders:

A College sample of one thousand eight hundred and ninety-eight (1,898) students was gathered from data obtained from 1998 through 2002. These data showed differences from normative samples in the past and are reflected on the current CAPS Summary Score Sheet.

When scoring the CAPS vocational test, the Consultant considered either the Summary Score Sheet for the tenth (10th), eleventh (11th), and twelfth (12th) grades College Norms, or Preliminary Norms for Spanish-speaking high school students and adults.

The CAPS is scored on a stanine basis. A stanine is a nine (9) point scale used for normalized test scores. These nine (9) stanine are described as follows:

An Individual's Career Profile compares their present abilities to abilities required on jobs in fourteen (14) major occupational areas described as follows:

Science, Professional occupations involve responsibility for the planning and conducting of research and the accumulation and application of systematized knowledge in related branches of mathematical, medical life and physical sciences.

Science, Skilled occupations involve observation and classification of facts in assisting in laboratory research and its application in the fields of medicine and life and physical sciences.

Technology, Professional occupations involve responsibility for engineering and structural design in the manufacture, construction or transportation of products or utilities.

Technology, Skilled occupations involve working with one's hands in a skilled trade concerned with construction, manufacture installation or repair of products in related fields of construction.

Consumer Economics occupations are concerned with the preparation and packaging of foods and the production, care and repair of clothing and textile products.

Outdoor occupations are concerned with activities performed primarily out-of-doors involving the growing and tending of plants and animals and the cultivation and accumulation of crops and natural resources in the areas of agriculture and nature as in forestry park services, fishing, and mining.

Business, Professional occupations involve positions of high responsibility in the organization, administration and efficient functioning of businesses and governmental bureaus about finance and accounting, management, and business promotion.

Business, Skilled occupations are concerned with sales and production and the correlated financial and organizational activities of businesses.

Clerical occupations involve recording, posting and filing of business records requiring great attention to detail, accuracy, neatness, orderliness and speed in office work and in resultant contact with customers about compilation of records.

Communication occupations involve skill in the use of language in the creation or interpretation of literature or in the written and oral communication of knowledge and ideas.

Arts, Professional occupations involve individualized expression of creative or musical talent and ability in fields of design, fine arts and performing arts

Arts, Skilled occupations involve application of artistic skill in fields of graphic arts and design.

Service, Professional occupations include positions of high responsibility involving interpersonal relations in caring for the personal needs and welfare of others in fields of social service, health, and education.

Service, Skilled occupations involve providing services to persons and catering to the tastes, desires and welfare of others in fields of personal service, social and health related service, and protection and transportation.

Career Ability Placement Survey (CAPS)

Name: **Floreen Rooks**

Interests (COPS)

Accessible COPS Interest Inventory Information

Your interest scores on the COPS are reported in terms of 14 COPS system career clusters. A raw score is listed with a percentile score for each career cluster. The percentile score is your approximate position on each scale as compared to other people at your education level that have taken the COPS. If your percentile score is near 50, about half (50%) of others fall below you. The higher your score the greater your interest is compared to others.

Accessible COPS Interest Inventory Results

Career Cluster	Raw Score	Percentile Score
Science Professional	2	6
Science Skilled	12	48
Technology Professional	1	9
Technology Skilled	3	29
Consumer Economics	10	47
Outdoor	3	17
Business Professional	10	42
Business Skilled	6	30
Clerical	17	62
Communication	5	23
Arts Professional	11	52
Arts Skilled	15	52
Service Professional	13	33
Service Skilled	6	22

Your Highest Career Groups on the COPS are:

Clerical; Arts Professional; Arts Skilled;

COPS Interest Inventory Information

The following results are for sighted individuals.

Your interest profile is plotted below. A percentile number is printed inside the bars. Each number shows your approximate position on each scale as compared to other people at your educational level who have taken the COPS. If your score is near 50, about half (50%) of others fall below you. The higher your score the greater your interest is compared to others.

Highest Career Groups on the COPS are: Clerical; Arts Professional; Arts Skilled;

Abilities (CAPS)

Accessible CAPS Career Profile Information

The CAPS Career Profile compares your ability scores to the 14 COPS system career clusters. You will hear the name of each career cluster followed by a cutoff score and your score. You receive a plus if your score is above the cutoff score. The plus indicates that your measured abilities are currently at a high enough level for probable success in most occupations in that cluster. Remember, for success it is necessary that you continue to get the training and skills needed in these clusters. In interpreting your profile, concentrate on the scores with pluses that are the farthest above the cutoff score. Consider whether other things you know about yourself are consistent with your profile. Some of your ability scores may not have pluses. If you are interested in careers in these areas and motivated to do well, you may want to take classes or participate in other activities to improve your skills.

Accessible CAPS Career Profile Results

Career Cluster	Cutoff Score	Your Score	Plus
Science Professional	52	3	false
Science Skilled	30	3	false
Technology Professional	40	11	false
Technology Skilled	8	9	true
Consumer Economics	8	7	false
Outdoor	4	9	true
Business Professional	40	2	false
Business Skilled	20	3	false
Clerical	30	2	false

Communication	40	2	false
Arts Professional	40	3	false
Arts Skilled	30	7	false
Service Professional	40	2	false
Service Skilled	4	5	true

CAPS Career Profile Information

The following is for sighted individuals.

Your score is marked with a plus if it is in the solid green portion or at the upper edge of the lightest shaded portion of each career cluster. The plus indicates that your measured abilities are currently at a high enough level for probable success in most occupations in that cluster. Remember, for success it is necessary that you continue to get the training and skills needed in these clusters. In interpreting your profile, concentrate on the distance of your scores from the dark shaded area. Peaks in the profile may not be significant because the shaded areas are different heights. Consider whether other things you know about yourself are consistent with your profile. Some of your ability scores may appear in the darker green portion of the Career Profile. If you are interested in careers in these areas and motivated to do well, you may want to take classes or participate in other activities to improve your skills. Your COPS System Comprehensive Career Guide will help you in these choices.

Accessible CAPS Ability Profile Information

The CAPS Ability Profile lists your scores in each individual CAPS test. You will hear a list of each test followed by your score. Values range from one to nine. This score relates your abilities as compared to others at your educational level. If your score is 5 or near the 50th percentile, about half of another fall below you. The higher your score, the greater your ability.

Accessible CAPS Ability Profile Results

Ability	Your Score
Mechanical Reasoning	3
Spatial Relations	5
Verbal Reasoning	3
Numerical Ability	4
Language Usage	1
Word Knowledge	1
Perceptual Speed and Accuracy	2
Manual Speed and Dexterity	1

CAPS Ability Profile Information

Your scores are represented by a bar that shows your abilities compared to others at your educational level. If your score is near 50, about half (50%) of others fall below you. The higher your score, the greater your ability. See your COPSsystem Comprehensive Career Guide for a further description of your results.

Work Values (COPES)

Accessible COPES Work Values Information

The COPES results compare your work values scores to others who have taken the COPES. Each work value scale consists of two pairs, one of which is more important to you. Your scores are listed according to the value that is more important to you. Your three most extreme scores are listed at the end of the COPES results. These three highest values areas are related to the 14 COPSsystem career clusters in the summary section.

Accessible COPES Work Values Results

- You are more toward Investigative than Accepting.
- You are more toward Carefree than Practical.
- You are more toward Conformity than Independence.
- You are more toward Supportive than Leadership.
- You are more toward Orderliness than Flexibility.
- You are more toward Privacy than Recognition.
- You are more toward Realistic than Aesthetic.
- You are more toward Social than Reserved.

COPES Work Values Information

Your scores are represented by a bar that shows your work values as compared to others who have taken the COPES. Scores to the left of the center show a preference for values listed on the left of your profile. Scores to the right of the center show a preference for values listed on the right of your profile. The closer a score is to either end of the profile, the more important that work value probably is to you. Your three most important scores are marked with a darker bar. If your score on one of the scales falls at or close to the center, you are moderately concerned with that work value. Select the 'Read More' button for a description of these values.

Needs Assessment Summary

You indicated that you are enrolled in an occupational training course.

You have indicated that you need additional help in the following areas:

Academics

- None of the above.

Job Skills

- None of the above.

Planning Skills

- None of the above.

Summary

Those career groups below where your interests, abilities, and values match are marked in gold and show you the clusters you may wish to explore. First consider those clusters where your interests, abilities, and values are high and all three are gold. Next, consider those groups where you have silver icons where interests and values or where interests and abilities match. The bronze icons indicate one match either for interest, abilities, or values in a particular cluster. Your COPSsystem Comprehensive Career Guide will help you in your career exploration.

APPENDIX C

OASYS



Report produced from OccuBrowse - Web Version - 06/05/20 by SkillITRAN LLC - www.skilltran.com

OCCUPATIONAL REQUIREMENTS

DOT Code: "045.107-054" "Counselor, Marriage and Family"

Specific Vocational Preparation (SVP)

Level 8:(Between 4 and 10 years)

Skilled Work. The usual amount of time spent by the typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job. Includes vocational education, apprenticeship, in-plant training, on-the-job training, and essential experience gained on other jobs.

General Education Development (GED)

Reasoning Development - level 5:

Apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive variety of technical instructions in mathematical or diagrammatic form. Deal with several abstract and concrete variables.

Mathematical Development - level 3:

Compute discount, interest, profit, and loss; commission, markup, and selling price; ratio and proportion, and percentage. Calculate surfaces, volume, weights, and measures.

Algebra: Calculate variables and formulas; monomials and polynomials; ratio & proportion variables; and square roots & radicals.

Geometry: Calculate plane and solid figures; circumference, area and volume. Understand kinds of angles, and properties of pairs of angles.

Language Development - level 5:

Reading: Read literature, books and play reviews, scientific and technical journals, abstracts, financial reports, and legal documents.

Writing: Write novels, plays, editorials, journals, speeches, manuals, critiques, poetry, and songs.

Speaking: Conversant in the theory, principles and methods of effective and persuasive speaking, voice and diction, phonetics, and discussion and debate.

Physical Requirements

Strength: Sedentary Work

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Reaching: Occasionally

Extending hand(s) or arm(s) in any direction.

Handling: Occasionally

Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift automobile gears.

Fingering: Occasionally

Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.

Talking: Constantly

Expressing or exchanging ideas by means of the spoken word to impart oral information to clients or to the public and to convey detailed spoken instructions to other workers accurately, loudly, or quickly.

Hearing: Constantly

Perceiving the nature of sounds by ear.

Near Acuity: Occasionally

Clarity of vision at 20 inches or less.

Environmental Conditions

Noise Intensity Level: Quiet

Such as a library; art museum; funeral home.

Work Situations (Temperaments)

I influencing people in their opinions, attitudes, and judgments.

Work situations where writing, demonstrating, or speaking to persuade and motivate people to change their attitudes or opinions, participate in a particular activity, or purchase a specific commodity or service.

V Performing a variety of duties.

Work situations that involve frequent changes of tasks using different techniques, procedures, or degrees of attentiveness without loss of efficiency or composure.

P Dealing with people.

Work situations that involve interpersonal relationships in a job setting beyond giving and receiving work instructions.

J Making judgments and decisions.

Work situations that involve solving problems, making evaluations, or reaching conclusions based on subjective or objective criteria, such as the five senses, knowledge, past experiences, or quantifiable or factual data.

DOT Aptitudes

General Learning Ability Level 2 (High, Upper Third, Not Top 10th Percentile)

The ability to "catch on" or understand instructions and underlying principles; the ability to reason and make judgments. Closely related to doing well in school.

Verbal Aptitude Level 1 (Very High Top 10th Percentile)

The ability to understand meanings of words and to use them effectively; to comprehend language, understand relationships between words and to understand meanings of whole sentences and paragraphs.

Numerical Aptitude Level 3 (Average, Middle Third)

The ability to perform arithmetic operations quickly and accurately.

Spatial Aptitude Level 4 (Low, Lower Third, Not Bottom 10th Percentile)

The ability to think visually of geometric forms & to comprehend two dimensional representations of three-dimensional objects. The ability to recognize the relationships resulting from the movement of objects in space.

Form Perception Level 4 (Low, Lower Third, Not Bottom 10th Percentile)

The ability to perceive pertinent detail in objects or in pictorial or graphic material. Ability to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines.

Clerical Perception Level 2 (High, Upper Third, Not Top 10th Percentile)

The ability to perceive detail in verbal or tabular material. Ability to observe differences in copy, to proofread words and numbers, and to avoid perceptual errors in arithmetic computation.

Motor Coordination Level 4 (Low, Lower Third, Not Bottom 10th Percentile)

The ability to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed. Ability to make movement response accurately and swiftly.

Finger Dexterity Level 4 (Low, Lower Third, Not Bottom 10th Percentile)

The ability to move fingers, and manipulate small objects with fingers, rapidly or accurately.

Manual Dexterity Level 4 (Low, Lower Third, Not Bottom 10th Percentile)

The ability to move hands easily and skillfully. The ability to work with hands in placing and turning motions.

Eye-Hand-Foot Coordination Level 5 (Bottom 10th Percentile)

The ability to move the hand and foot coordinately with each other in accordance with visual stimuli.

Color Discrimination Level 5 (Bottom 10th Percentile)

The ability to match or discriminate between colors in terms of hue, saturation, and brilliance, identify a particular color or color combination from memory and be able to perceive harmonious or contrasting color combinations.

Work Functions (Data People Things)

Data: 1 - Coordinating

Determining time, place or sequence of operations or activities on the basis of analysis of data; executing determinations or reporting on events.

People: 0 - Mentoring

Dealing with individuals in terms of their total personality in order to advise, counsel, or guide them with regard to problems that may be resolved by legal, scientific, clinical, spiritual, or other professional principles.

Things: 7 - Handling

Using body members, hand tools, or special devices to work, move or carry objects or materials. Involves little or no latitude for judgment with regard to attainment of standards or in selecting appropriate tool, object, or material.

Work Fields

Advising-Counseling 298

Effecting the adjustment of people with financial, vocational, spiritual, educational, and other problems according to established procedures.

Materials, Products, Subjects Matter, and Services

Psychology 733

Includes counseling.

Data Sources

Data Sources			
Source	Publication	Year	Web Link
U.S. Dept. of Labor	Revised Handbook for Analyzing Jobs	1991	www.skilltran.com/index.php/support-area/documentation/1991rhaj

APPENDIX D



Report produced from SkillTRAN Online Services - by SkillTRAN LLC - www.skilltran.com

SELECTED OCCUPATION

Occupation selected for the search of: therapist

DOT	Title	Industry	SVP Strength		O*NET
045.107-054	Counselor, Marriage and Family	Professional and Kindred	8	S	21-1013.00

045.107-054 Counselor, Marriage and Family

Details for selected title: Counselor, Marriage and Family

DESCRIPTION

DOT Code: 045.107-054 Counselor, Marriage and Family

Provides individual, marital, and family counseling services to adults and children, to assist clients to identify personal and interactive problems, and to achieve effective personal, marital, and family development and adjustment: Collects information about clients (individuals, married couples, or families), using interview, case history, and observation techniques, funnel approach, and appraisal and assessment methods. Analyzes information collected to determine advisability of counseling or referral to other specialists or institutions. Reviews notes and information collected to identify problems and concerns. Consults reference material, such as textbooks, manuals, and journals, to identify symptoms, make diagnoses, and develop therapeutic or treatment plan. Counsels clients, using counseling

methods and procedures, such as psychotherapy and hypnosis, to assist clients in gaining insight into personal and interactive problems, to define goals, and to plan action reflecting interests, abilities, and needs. Evaluates results of counseling methods to determine reliability and validity of treatment used. Interacts with other professionals to discuss therapy or treatment, new resources or techniques, and to share information.

OCCUPATIONAL REQUIREMENTS

Specific Vocational Preparation (SVP)

Level 8 (4-10 Years)

GED	Level
Reasoning	Level 5
Mathematics	Level 3
Language	Level 5

Aptitudes	Level
General Learning Ability	Level 2
Verbal Aptitude	Level 1
Numerical Aptitude	Level 3
Spatial Aptitude	Level 4
Form Perception	Level 4
Clerical Perception	Level 2
Motor Coordination	Level 4
Finger Dexterity	Level 4
Manual Dexterity	Level 4
Eye-Hand-Foot Coordination	Level 5
Color Discrimination	Level 5

Physical Demands	Level *
Strength	Sedentary
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Talking	Constantly

Hearing Constantly
Near Acuity Occasionally

Environmental Conditions

Noise Intensity Level Quiet

Work Situations

I Influencing people in their opinions, attitudes, and judgments

V Performing a Variety of duties

P Dealing with People

J Making Judgments and decisions

Data-People-Things

Data 1 - Coordinating

People 0 - Mentoring

Things 7 - Handling

SKILLS/COMPETENCIES

WORK Field - 298 - ADVISING-COUNSELING

Effecting the adjustment of people with financial, vocational, spiritual, educational, and other problems according to established procedures.

Arbitrating, Authorizing, Consulting, Evaluating, Explaining, Interviewing, Investigating, Monitoring, Planning, Reporting, Researching, Reviewing, Scheduling, Suggesting, Testing, Visiting

GOE Work Group - 10.01 - Social Services

Occupations contained in this four-digit Work Group are concerned with assisting people in dealing with problems that are usually personal, social, vocational, physical, educational, or spiritual in nature.

Skills and abilities required include: Applying logic and special training to counsel individuals or assist them in defining and solving social, personal, or other related problems; gaining trust and confidence of people by demonstrating interest in and desire to help them; keeping records and writing investigative reports; and communicating effectively with people.

RELATED CODES

Work Fields (Skills)

- **Work Field:**
 - 298 Advising-Counseling

Materials, Products, Subject Matter & Services (Job Knowledge)

- **MPSMS:**
 - 733 Psychology

Related Codes

- **OGA:**
 - 045 Psychology
- **O*NET:**
 - 21-1013.00 Marriage and Family Therapists
- **OOH:**
 - **Q119** [Mental health counselors and marriage and family therapists](#)
- **SOC:**
 - 21-1013 Marriage and Family Therapists
- **Census:**
 - 2000 Counselors
- **Industry:**
 - 705 Professional and Kindred
- **GOE:**
 - 10.01.02 Counseling and Social Work
- **CIP - Classification of Instructional Programs:**
 - 44.0701 Social Work

- 51.1505 Marriage and Family Therapy/Counseling
- 51.1506 Clinical Pastoral Counseling/Patient Counseling

- **Career Pathways:**
 - 10.2011 Marriage, Child and Family Counselors

- **NAICS:**
 - 551 Management of Companies and Enterprises
 - 5613 Employment Services
 - 6111 Elementary and Secondary Schools
 - 6211 Offices of Physicians
 - 62133 Offices of Mental Health Practitioners (except Physicians)
 - 62134 Offices of Physical, Occupational and Speech Therapists, and Audiologists
 - 62142 Outpatient Mental Health and Substance Abuse Centers
 - 6216 Home Health Care Services
 - 6219 Other Ambulatory Health Care Services
 - 6221 General Medical and Surgical Hospitals
 - 6222 Psychiatric and Substance Abuse Hospitals
 - 62322 Residential Mental Health and Substance Abuse Facilities
 - 6239 Other Residential Care Facilities
 - 6241 Individual and Family Services
 - 62411 Child and Youth Services
 - 6242 Community Food and Housing, and Emergency and Other Relief Services
 - 62423 Emergency and Other Relief Services
 - 6243 Vocational Rehabilitation Services
 - 6244 Child Day Care Services
 - 8132 Grantmaking and Giving Services
 - 8134 Civic and Social Organizations
 - 92215 Parole Offices and Probation Offices
 - 9993 Local government, excluding education and hospitals
 - TE1100 Self-employed workers

INDUSTRIES MOST LIKELY TO HIRE (8-digit SIC Codes Suggested by SkillTRAN)

SIC Code	SIC Industry
80490401	CLINICAL PSYCHOLOGIST
80490404	PSYCHOTHERAPIST, EXCEPT M.D.
83220000	INDIVIDUAL AND FAMILY SERVICES
83220500	FAMILY COUNSELING SERVICES
83220501	FAMILY (MARRIAGE) COUNSELING
83220600	GENERAL COUNSELING SERVICES
89991003	PSYCHOLOGICAL CONSULTANT

DOT Codes for the SOC: 21-1013 Marriage and Family Therapists

DOT Code	Title	Industry	SVP	Str	O*NET
045.107-054	Counselor, Marriage and Family	Professional and Kindred	8	S	21-1013.00

Estimated May 2019 Employment for: OES-SOC Group 21-1013 Marriage and Family Therapists *This OES-SOC Group includes 1 DOT occupation(s)*

	Occupational Employment Survey (OES)	California	MSA 31080 Los Angeles-Long Beach-Anaheim, CA
Employed	Estimated OES Group Employment	31,710	14,740
Mean Wage	Mean Annual Wage	\$51,950	\$48,530
Annual Wage	Annual Wage - 10th percentile	\$31,540	\$31,860
	Annual Wage - 25th percentile	\$36,150	\$35,830
	Annual Wage - 50th percentile	\$46,450	\$45,290
	Annual Wage - 75th percentile	\$61,570	\$58,990
	Annual Wage - 90th percentile	\$82,820	\$72,420

Current Population Survey (CPS) for:
Census Group 2000 - Counselors
This Census Group includes 15 DOT occupations

	All	Female	Male
Estimated Group Employment	720,000	541,000	179,000
Hourly	\$24.68	\$25.08	\$23.60
Weekly	\$987	\$1,003	\$944
Monthly	\$4,277	\$4,346	\$4,091
Annual	\$51,324	\$52,156	\$49,088
Mean	\$1,279 +/- \$89.47	\$1,307 +/- \$106.42	\$1,192 +/- \$130.27
Median	\$987 +/- \$21.65	\$1,003 +/- \$23.98	\$944 +/- \$37.24

2020 DOT EMPLOYMENT ESTIMATE: MSA 31080 Los Angeles-Long Beach-Anaheim, CA
FOR: 045.107-054 Counselor, Marriage and Family
SOC/OES: 21-1013 Marriage and Family Therapists

NAICS Industries likely for this DOT Occupation

NAICS	Level	NAICS Title	OES Group Estimate		DOT Estimate within this OES Group			
			% of this OES Group	N	N	DOTs	% for this DOT	N
551000	L	Management of companies and enterprises	0.346%	51	1	WT	0.346%	51
561300	S	Employment services	0.346%	51	1	WT	0.346%	51
611100	L	Elementary and secondary schools; state, local, and private	1.766%	260	1	WT	1.766%	260
621330	L	Offices of mental health practitioners (except physicians)	15.582%	2,297	1	WT	15.582%	2,297
621340	L	Offices of physical, occupational and speech therapists, and audiologists	4.952%	730	1	WT	4.952%	730
621420	L	Outpatient mental health and substance abuse centers	9.453%	1,393	1	WT	9.453%	1,393
621600	L	Home healthcare services	0.935%	138	1	WT	0.935%	138
622100	L	General medical and surgical hospitals; state, local, and private	1.212%	179	1	WT	1.212%	179
622200	L	Psychiatric and substance abuse hospitals; state, local, and private	0.9%	133	1	WT	0.9%	133
623220	L	Residential mental health	4.778%	704	1	WT	4.778%	704

		and substance abuse facilities						
623900	L	Other residential care facilities	2.078%	306	1	WT	2.078%	306
624100	L	Individual and family services	29.398%	4,333	1	WT	29.398%	4,333
624200	L	Community food and housing, and emergency and other relief services	1.42%	209	1	WT	1.42%	209
813400	L	Civic and social organizations	0.173%	26	1	WT	0.173%	26
999200	L	State government, excluding education and hospitals	8.864%	1,307	1	WT	8.864%	1,307
999300	L	Local government, excluding education and hospitals	2.632%	388	1	WT	2.632%	388
TE1100	L	Self-employed workers	8.864%	1,307	1	WT	8.864%	1,307
					OES Total 93.698%		DOT Total 93.698%	

Total Industry Employment Estimate for: 045.107-054 Counselor, Marriage and Family Full-Time (75%) and Part-Time (25%)

Selected Geographic Area	All Employment in this OES Group	Industry Employment in this OES Group	Employment Estimated for this DOT Occupation
State: California	31,710	29,712	29,712
Employment RSE *	6.9%	6.9%	6.9%
90% Confidence Interval *	28,122 - 35,298	26,349 - 33,074	26,349 - 33,074
Regional: MSA 31080 Los Angeles-Long Beach-Anaheim, CA	14,740	13,811	13,811
Employment RSE *	10.9%	10.9%	10.9%
90% Confidence Interval *	12,105 - 17,375	11,342 - 16,280	11,342 - 16,280

Outlook - Long Term Employment Projections for:
SOC 21-1013 Marriage and Family Therapists
Data for: California, California (2014 - 2024)
This SOC/OES Group includes 1 DOT occupation(s)

Long Term Employment Projections	Number	Percent Change
2014 Base Area Employment	9,100	
2024 Projected Area Employment	11,100	22.0%

DATA SOURCES

Source	Publication	Year	Web Link
U.S. Dept. of Labor	Revised 4th Edition of the Dictionary of Occupational Titles	1991	
U.S. Dept. of Labor	Errata corrections and subsequent revisions to the DOT	1992-1998	www.skilltran.com/index.php/support-area/documentation/161-dot-changes
U.S. Dept. of Labor	Revised Handbook for Analyzing Jobs	1991	www.skilltran.com/index.php/support-area/documentation/1991rhaj
U.S. Dept. of Labor	Selected Characteristics of Occupations (SCO)	1993	
U.S. Dept. of Labor	Guide for Occupational Exploration (GOE)	1973	Guide for Occupational Exploration
U.S. Dept. of Labor - Bureau of Labor Statistics	Standard Occupational Classification (SOC)	2010	Standard Occupational Classification
U.S. Dept. of Labor - Bureau of Labor Statistics	Occupational Employment Survey (OES)	May 2019	Occupational Employment Survey
U.S. Dept. of Labor - Employment and Training Administration	O*NET Online (O*NET)	Current	O*NET Online
U.S. Dept. of Labor - Bureau of Labor Statistics	Employment Projections - National	Sept 2019 for 2018 --> 2028	Employment Projections

U.S. Dept. of Labor - Bureau of Labor Statistics	Employment Projections - State/Sub State	Various	Employment Projections - State/Sub State and various state-specific projections sites
U.S. Dept. of Labor	Labor Force Statistics from the Current Population Survey (CPS)	Current	Current Population Survey
U.S. Dept. of Education - Institute of Education Sciences - National Center for Education Statistics	College Navigator	Current	College Navigator
U.S. Dept. of Labor	Occupational Outlook Handbook (OOH)	Current	Occupational Outlook Handbook
U.S. Dept. of Labor	Current Employment Statistics (CES)	Current	Current Employment Statistics
U.S. Dept. of Labor	Occupational Requirements Survey (ORS)	2018	ORS Survey
U.S. Dept. of Census	County Business Patterns (CBP)	2016	County Business Patterns - Documentation
U.S. Dept. of Census	North American Industry Classification System (NAICS)	2012/2017	North American Industry Classification System
U.S. Dept. of Census	Public Use Microdata sample (PUMS)	2014-2018	American Community Survey (ACS)
SkillTRAN LLC	Various Alternate Titles Contributed by SkillTRAN Staff and Customers	1982-present	SkillTRAN Data Resources
SkillTRAN LLC	Proprietary Crosswalk between NAICS and DOT	1985-present	SkillTRAN Data Resources

