

To the Carrier:

Attached are three letters.

The first sample letter to your Doctor is on pages 2, 3, and 4 of this set. You will need to modify it to accurately reflect your situation. The words shown underlined and in italics need to be changed so that they accurately reflect your situation. **It should describe your daily activities as a Letter Carrier.** The statements in your letter must be accurate. They will be shared with the Employer.

The second sample letter to your Doctor is on pages 5 and 6 of this set. It should describe your condition, its history, and why you think that it's related to your work. You will need to modify it to accurately reflect **your situation**. The words shown underlined and in italics need to be changed so that they accurately reflect **your situation**.

Both the first and second letters need to be completed separately. Both must be provided to your Doctor.

The third letter should be provided to your Doctor "as is."

Name:

SSN:

Date:

TO WHOM IT MAY CONCERN:

In my everyday duties as a Letter Carrier, I am required to do the following:

I case mail for approximately *(three to four)* hours in the morning and *(half an hour)* in the afternoon. During my last count and inspection, I cased and pulled down approximately *(three thousand)* pieces of mail daily.

While I “case the letters,” I need to grasp and hold handfuls of letter size mail (two inches or more in thickness) with the left hand while I insert the letters one at a time into divisions in the case with the right hand. While doing this, I am required to “feed” letters from the bundle in the left hand with the left thumb. I am required to grasp the letters with the right thumb and forefinger, and raise and extend the right arm while moving the right hand towards the case. I flex my right wrist while inserting the mail into the case. I then release the mail, and return my right hand to my left hand to repeat the procedure.

I also case magazines, newspapers, and heavier flat material. I remove these “flat” items from trays and tubs by grasping them and lifting them from the container and placing them into the “crook” of my left arm. While I “case the flats,” I am required to hold up to six inches of these “flats” with the my left arm bent at the elbow. I then grasp the mail piece with my right hand, raise and extend my right arm while moving the right hand towards the case. I flex my right wrist while inserting the mail into the case, release the mail, and return my right hand to my left to repeat the procedure. Frequently, I must use both hands to completely insert the “flat” into the case because of the need to bend the mailpiece..

In order to withdraw the “cased mail” from the cases, I grasp the “letter” mail from the case with the right hand, transfer the mail to the left hand and, when full, release the mail into a tray. I do the same for the “flat” mail. *(Two Bundle Case)*

In order to withdraw the “cased mail” from the cases, I extend both arms and grasp the mail with both hands. I must grasp tightly since the mail in my hands includes different sized mail (letters and flats). I then turn and place the mail into a tray.

(One Bundle Case)

When the trays are full, I grasp them with both hands, lift them, and then place them into a wheeled hamper (grocery cart, nutting truck). My route, on an average day, receives approximately (six) full trays of mail weighing approximately twenty to fifty pounds and (three or four) large parcels weighing up to 70 pounds.

I lift the trays and parcels out of the hamper and load them into the vehicle. During this process, I grasp the trays, bundles, and parcels with my hands and place them in the delivery vehicle.

My route has (seven hundred forty three) delivery points that I deliver to. I load my satchel with mail in order of delivery. In order to do that I remove handfuls and bundles of mail from their containers by grasping the handfuls/bundles between my thumb and fingers, lift the mail, and insert it into the satchel. I repeat the process several times during the day. (**Walking Segments**)

Between deliveries, I am required to keep my left arm bent at 90 degrees and carry flat mail on it. At the same time, I am required to grasp and carry one or two separate bundles of letters in my left hand. To deliver the mail at each stop, I “feed” letters from the bundle in the left hand with the left thumb and grasp the letters in my right hand. Then, without releasing the letter, I am required to sort through the flat mail to grasp the rest of the mail for delivery. Frequently, I must “flex” the mail (fold it) in order to fit it in the receptacle. The time I spend delivering is approximately (4 to 5) hours. (**Walking Segments**)

My route has approximately (seven hundred forty three) delivery points that I deliver to. Delivery is affected mostly from inside the vehicle, but some deliveries require me to exit the vehicle. We are required to have our seatbelt and shoulder harness fastened between deliveries. Fastening and unfastening the belt requires bending my wrist and grasping the buckle with one hand and pushing a button with the other. The seat belt is fastened and unfastened repeatedly (???) times a day over a (four to five) hour period. At most stops, I am required to shift the transmission into Park. At many stops, I am required to pull the hand brake lever to set the brake, and then reverse the procedure to release the brake. Both actions require me to grasp a handle and flex my wrist. I engage and release my parking brake approximately (???) times a day. (**Mounted Segments**)

I must repeatedly open and close mail boxes and NBUs (Neighborhood Box Units) as well as “thumb” the DPS (Delivery Point Sequenced) letters one at a time for a period of *(four to five)* hours a day. At every delivery point, I sort through the letters and flats with both hands and then grasp a handful of mail in my right hand to insert into the mailbox. That insertion requires me to flex my wrist while holding onto the mail. Frequently, I must fold the mail in order to fit it in the receptacle. ***(Mounted Segments)***

My route has *(seven hundred forty three)* delivery points that I deliver to. Delivery is affected mostly by my exiting the vehicle. In order to do so, I stop the vehicle, shift the transmission into Park, turn the engine off, and set the handbrake. These actions require me to grasp and then flex my wrist. I then unfasten the seatbelt belt, which requires grasping the belt with one hand and pushing a button with the other. These actions also require flexing my wrist. I then release the door latch and slide the door towards the rear of the vehicle by pulling it with my left arm. Next, I turn away from the door and grasp mail for that delivery in both hands. I turn back to the doorway while holding the mail. After stepping down from the seat I must turn, grasp the door, and slide it closed. Upon return to the vehicle, I must reverse the process and proceed to the next stop. I repeat this sequence *(???)* times a day over a *(four to five)* hour period. ***(Scoot Segments)***

Name:

SSN:

Date:

TO WHOM IT MAY CONCERN:

1. I was hired by the Postal Service on (January 1, 1916). I began my career as a (Letter Carrier) in (Eugene, OR).
2. *State when you first felt discomfort (month & year) first sought medical treatment and from whom (doctor's name E- date) Relate to what has happened and what your current condition is. , when you first noticed the condition.*

I first noticed symptoms of Carpal Tunnel Syndrome in (April) of (1994). My (right) (arm) was affected first and the following were the symptoms. While sleeping at night, I would be awakened many times by numbness, tingling, and loss of feeling in the (thumb), (first two fingers), and sometimes the (third finger) starting at the fingertips and running all the way up to the topside of my arm to the shoulder. Only the very underside of my arm had any feeling. The other most noticeable symptom was the constant dropping of items that I attempted to grasp or even hold in my hand. My doctor recommended wearing wrist braces at night to alleviate the constant interruption of sleep.

I have noticed these symptoms progressively getting worse over the years and clearly, the (left arm) has noticeable symptoms. Over the past five or six months, sometimes the wrist braces don't keep the numbness away at night. The numbness is now occurring during the day requiring me to constantly shake my arms down to regain to regain feeling. I have also experienced shooting pain from the wrists up the arms and a feeling of the inside of my arms being "strummed" (as in guitar strings) when I grasp or attempt to pick anything up. The dropping of items held in my hands has increased. Also, the general loss of feeling in my hands is much increased and I can't determine how hard I am gripping items. Anything held in my hands for a period of time produces pain in the wrists and weakness, requiring me to put the item down and shake my arms again.

3. *State whether or not you have ever experienced suffered from a similar condition. (I have never received treatment for a condition such as this before) or (I have received treatment for a condition such as this before, and these were the circumstances)*

4. I have worked as a Letter Carrier for (*nineteen*) years and believe that the repetitious nature of the job has brought on the Carpal Tunnel. I feel that all of these repetitive motions have contributed to the Carpal Tunnel Syndrome. They all require grasping, twisting, pulling, pushing, or lifting and are repeated many times each day.

5. *You must also describe your off-the-job activities. Only state the activities that you actually do. Do not state things that you do not do. If all you do is watch TV, listen to music, read and relax,' then state such.*

To the Doctor:

A medical report **based on the employee's statement** is necessary in order to process my claim — the report must cover **all** of the following items:

1. A written statement reflecting knowledge of the employee's conditions of employment believed to be the cause of the CTS. It should ideally include or attach a copy of the employee's factual statement, referencing it with remarks such as: "I have read the statement dated (??), prepared by, (??) regarding the conditions of employment at during the period from (??) to (??)."
2. **Results of the following clinical and laboratory tests:**
 - a. Phalen's sign.
 - b . Tinel's sign.
 - c. Nerve conduction or electromyography (EMG) studies.
3. **Definitive (i.e., conclusive) diagnosis (*no impressions*).**
4. **Opinion in definitive (i.e., conclusive) terms (*no speculation*):** Is the CIS causally related to the conditions of employment described by the employee?
5. **Medical reasons for opinion** (i.e., how did the physician, from a medical point of view, arrive at the opinion?). **This is very important and should be as specific as possible** and include how it has been determined that other medical conditions (e.g., diabetes) and other activities requiring use of the hand (e.g., known recreational activities) have been considered and excluded as causes.
6. **Period(s) of disability and the extent of disability during the period(s)**. This should specify whether the disability is total or partial, and if partial (as opposed to total disability for work as a letter carrier), the work limitations involved in working while partially disabled.