

STEWART DISABILITY LAW

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Charting to Support Your Patient's Disability Claim

The medical record decides most disability claims. There are two ways to qualify: showing your patient cannot sustain work (below), or meeting a medical **listing** (reverse).

Path 1 — Cannot sustain full-time work (most claims)

Can your patient sustain full-time work — 8 hours a day, 5 days a week — reliably, for at least 12 months? Competitive work generally requires the ability to:

- Stay **on task ~85%** of the day;
- Miss **no more than about one day per month**;
- Meet even **sedentary** demands — sit ~6 hrs, stand/walk ~2 hrs, lift up to 10 lbs, and use the hands most of the day.

Translate the symptom into a work limitation

- **Fatigue / pain** → needs unscheduled rest; off task beyond 15% of the day.
- **Cognitive change** → limited to simple, routine tasks; off task; poor persistence and pace.
- **Weakness, balance, tremor** → limited standing/walking; fall risk; needs an assistive device.
- **Loss of fine motor control** → cannot type, handle small objects, or use a phone reliably.
- **Mood / anxiety / irritability** → cannot interact appropriately with coworkers and supervisors.
- **Variability & “bad days”** → unpredictable absences that exceed one per month.

Sample chart language (adapt to your patient)

“Due to fatigue and cognitive slowing, Ms. ___ would be off task at least 15% of an 8-hour workday.”

“Mr. ___ has variable symptoms; on bad days, about ___ per month, he must remain home resting.”

“Ms. ___ can stand and walk no more than two hours total per day and requires a [cane/walker]; otherwise she must recline.”

A few high-yield habits

- Don't write the conclusion (“patient is disabled”) — write the **specific limitation and why**.
- Document **activities of daily living** and how they've changed **over time**.
- Order **neuropsychological testing** whenever cognition is affected (especially age 50+).
- **Age matters**: at 50 and 55 the rules ease — flag cognitive limits and any limit on standing/walking.

How to refer — it takes two minutes

1. Email or call us the patient's name and best phone number — or simply have your patient call us.
2. We contact them, explain the process, and handle all of the paperwork.
3. We keep you informed. There is no cost to your patient unless we win.

Referrals & office: **(720) 301-9708** | Clinician line: **(303) 378-4144**

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Path 2 — Meeting a Medical “Listing” (more severe cases)

A listing can win benefits without weighing vocational factors — but it is usually met only in more severe cases, where activities of daily living are clearly affected.

What most neurological listings require

For most neurological conditions, a listing is generally met with **either**:

- a **marked** limitation in **physical functioning AND in mental functioning**; or
- an **extreme** limitation in **physical functioning**.

What the terms mean

- **Marked** — the impairment **seriously interferes** with the ability to initiate, sustain, and complete work-related tasks.
- **Extreme limitation in physical functioning** — usually means needing **bilateral support for ambulation** (e.g., two canes, two crutches, or a walker) or more; **or**, in the upper extremities, being **unable to** perform handling, gripping, grasping, holding, turning, and reaching — or unable to engage in exertional movements such as lifting, carrying, pushing, and pulling.

Two things that often decide it

- **Fatigue** is frequently what pushes a limitation from moderate to **marked or extreme** — document its effect specifically.
- Because listings reflect severe impairment, chart how **ADLs** are affected (mobility, dressing, bathing, cooking, finances, medications).

How to look up the listing (2 minutes)

- Web-search “**SSA listing**” + the **condition** (e.g., “SSA listing multiple sclerosis”).
- Or open SSA’s **Blue Book**: neurological listings are section **11.00**; cognitive/mental are **12.00**.
- Match your patient’s findings to the criteria and **document them by name**.

Common listings: MS 11.09 · Parkinsonian syndrome 11.06 · Huntington’s / neurodegenerative 11.17 · Neurocognitive disorders 12.02.

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