

Activities of Daily Living Explored



Activities of Daily Living (ADLs) are defined as an observation of a person's physical and/or mental activities performed during an average day. The activities listed in the ADL document are passive descriptions of a claimant's capabilities with consideration of the limiting affects of the alleged impairment.

For example, if a person alleges a severe back disorder, this diagnosis will usually have symptoms. These symptoms may result in physical limitations that significantly reduce the claimant's ability to function normally. A family member who observes the claimant's daily activities is in a position to reinforce the limitations alleged by the claimant. If the ADL description is consistent with the claimant's alleged limitations, Social Security will consider this evidence in making their decision. The disability advocate uses ADL evidence to show how the claimant's limitations would affect his ability to perform activities associated with work.

ADL Structure

The structure of an ADL description is almost always the same. It should begin at the start of an average day for the client and describe what the client does during a normal day. For example: You might start your ADL with a description of the claimant's activities upon rising in the morning. Is the claimant capable of performing normal hygiene activities like brushing his teeth, combing his hair or bathing? What does the claimant do next on an average day? Does he walk, drive, clean the house, lift things, talk on the phone for long periods, etc.? Whatever the description, you should always place the emphasis on what the claimant cannot do rather than what he can do.

Purpose of the ADL

An ADL is one of the few types of case evidence that can be created or structured by the claimant with the assistance of the disability advocate. It is a good idea to use ADLs whenever possible to support and reinforce any physical limitations alleged by the claimant.

The ADL is a great way to demonstrate consistency of function. Consistency of function simply means that the claimant's disorder has caused some type of physical or mental limitation that is consistent with the symptoms of the disorder. The ADL shows that the limitation caused by the impairment is consistent with the impairment and is really acting to reduce the claimant's Residual Functional Capacity (RFC).

How ADLs are used by SSA

Social Security will not ask for an ADL in all cases. SSA will usually request an ADL when they suspect that the claimant's impairment is not as limiting as the claimant would like them to believe. For this reason, the advocate must be prepared to assist the claimant in completing an ADL form sent by SSA.

There are many types of ADL forms to describe. Each ADL form is designed for a particular disease category. For example, if the claimant has heart disease, the ADL questionnaire would ask questions appropriate for heart disease. If a claimant with heart disease alleges physical limitations as a result of his impairment, his ADL must be consistent with those alleged limitations. If it is not, SSA can use the ADL as proof that the claimant is capable of a higher level of activity than alleged.

If SSA does not request an ADL, it is a good idea to provide it anyway. Although a case decision will never be decided exclusively by an ADL, it is still useful in demonstrating the restrictive effect caused by the claimant's impairment. The ADL acts to reinforce a claimant's allegation of physical and or mental limitations providing a useful guide in the formulation of your opinion based RFC.

ADL Consistency

This is so important that it bears repeating. An ADL description must be consistent with the impairment being alleged. Example: You have a claimant with a diagnosed back disorder. He has alleged an inability to stand and walk for more than a few blocks without severe pain in his low back area. He also cannot lift more than 10 pounds maximum.

Now, the ADL description provided by his wife has him working in the garden carrying twenty-pound bags of soil mix and fertilizer. What has this ADL revelation just done to your case? This inconsistency of alleged capabilities would be quickly noticed by SSA and could be used as a means of denying the case. Make sure that the ADL description of the claimant's daily activities does not exceed the physical limitations alleged by the claimant.

Who can provide an ADL?

An ADL can be provided by anyone who knows the client well enough to describe his daily activities. An ADL is usually provided by the client, a family member or the client's primary physician. One ADL from each of these sources couldn't hurt unless they contradict. The strongest ADL comes from a family member who is directly involved in the care of the claimant or the claimant's primary doctor.

An ADL from the claimant's primary doctor is usually a good idea if and only if the doctor's ADL description is consistent with the claimant's alleged limitations. If the doctor's ADL description is consistent, the ADL becomes an important piece of case evidence. It is used

to show a loose nexus between the impairment and the limitations alleged by the claimant. This adds to the claimant's credibility and the alleged limitations will be more readily accepted by SSA.

Using ADL for additional or unrelated allegations

The ADL can also be used as a means of presenting additional impairments and limitations not previously presented in the case. For example, you can use the ADL to describe medication side effects. You can also use ADLs to describe the effects of other impairments that are secondary to the primary impairment. For example, our sample claimant has a back disorder. However, he may also suffer from poor vision. If this is the case, his vision difficulties and how those difficulties affect his functioning should be described in the ADL. This could further reduce the claimant's RFC, resulting in an allowance determination.