The issues are: (1) whether appellant’s fall at work on September 14, 1999 was sustained in the performance of duty within the meaning of the Federal Employees’ Compensation Act; and; (2) whether appellant sustained an emotional condition in the performance of duty.

On September 22, 1999 appellant, then a 53-year-old letter carrier, filed a notice of traumatic injury claiming that on September 14, 1999, he became dizzy and fainted at his work station, injuring his left shoulder and lower back during the fall. In support of his claim he submitted a personal statement stating that he hit his shoulder and back on a “case” by his duty station and was helped up by two letter carriers and his supervisor. Appellant submitted a first-aid injury report and a report from Dr. Howard A. Bass, diagnosing appellant with “acute stress reaction (job related),” “left shoulder pain/strain” and “lower back strain/sprain.” Dr. Bass stated that appellant was temporarily disabled from September 15 to 29, 1999. Appellant also submitted a treatment note dated September 22, 1999, a copy of a benefits claim form and information from his employee file. The Office of Workers’ Compensation Programs also received a statement from the employing establishment controverting his claim, claiming that appellant’s condition was not caused by employment factors, but was the result of a disciplinary issue, as appellant had just come from his supervisor’s office where he had been reprimanded for an administrative matter.

By letter dated October 6, 1999, the Office requested that appellant provide additional factual and medical information to support his claim.

Appellant submitted a statement from his attending physician’s office, a statement from appellant to the Postmaster, a copy of a grievance filed by appellant’s union steward, correspondence between the union steward and a postal officer, notes of a shop steward and a letter from appellant’s supervisor stating that she witnessed the fall describing it as: “in a slow and controlled manner [appellant] bent his knees and went to a sitting position.” She stated that at that time she knelt over him to ask him how he felt and asked him “whether he had stumbled
over the tub at his case,” to which appellant allegedly replied, “No, I did [not] stumble; my legs felt weak.” She alleged that at no time did appellant fall to the floor, strike any objects or trip.

Appellant also submitted a letter in response to his supervisor, stating that he did not believe that his supervisor was looking directly at him when he fell and that he never said exactly what the supervisor alleged. In addition, appellant submitted a witness statement from letter carrier Lola McGee, dated October 2, 1999. Ms. McGee stated that she saw appellant lying on the floor holding his head with the supervisor standing over him. She stated that she heard appellant say that he ate that morning before taking his blood pressure medication. In regards to the fall, Ms. McGee only stated that she “heard a noise.” Next, the Office received an interview summary from a customer service manager of appellant’s coworkers Ms. McGee and Carmen Martinez. He stated that Ms. McGee did not in fact see or hear appellant fall and that she stated that he did not appear to be in any pain. Ms. Martinez allegedly stated that she recalled wondering “how appellant got to the floor without making any noise.” Appellant’s union steward indicated that both witnesses had denied making these remarks. Appellant submitted a second personal statement stating that he had been “dizzy and light-headed at case, fell backward, hit flat case tub located at case, attempted to get up and fell into … cart located at case.”

Appellant also submitted a September 22, 1999 report from Dr. Tien-Hoa Ko, a Board-certified internist, diagnosing appellant with “status post-fall/lumbosacral spine and left shoulder pain; hypertension (subjective complaints are greater than objective) a second statement from coworker Ms. McGee dated September 22, 1999 and a statement from coworker Ms. Martinez. Ms. Martinez only indicated that she witnessed appellant lying on his left side with his left arm under his body.

In a second report from Dr. Bass dated October 12, 1999, he diagnosed appellant with “hypertension with associated possible episodes; acute anxiety reaction; acute lumbosacral spine strain and sprain with associated right radiculopathy; left shoulder strain and sprain.”

The Office received additional witness statements from appellant’s coworkers; a statement from Margo Teves dated September 14, 1999, a statement from Steve DeRossi dated September 19, 1999 and a statement from Tanya Johnson dated October 29, 1999. Ms. Teves stated that she “did not see him [appellant] trip on any tubs/boxes; she did not see him hit the cart but lean on it, kind of push the cart a little bit backwards; he slowly fell to the floor without hitting his body or head hard on the floor or on anything.” Steve DeRossi indicated that he did not witness the fall; only that after the incident appellant told him that he was taking high blood pressure medication and that he did have something to eat that morning when he took the medication. Ms. Johnson, the shop steward, stated that she also did not witness the fall. Appellant further submitted a personal statement dated October 24, 1999 and a report from the union steward dated October 28, 1999.

By decision dated November 29, 1999, the Office denied appellant’s claim for compensation since the evidence was insufficient to establish his condition occurred in the performance of duty.
By letter dated March 3, 2000, appellant requested reconsideration and submitted a personal statement and emergency room records from the day of the incident.

In a merit decision dated March 21, 2000, the Office denied modification of its prior decision.\(^1\)

The Board finds that appellant’s September 14, 1999 fall at work was not sustained in the performance of duty within the meaning of the Act.

It is a general rule that where an injury arises in the course of employment, occurs within the period of employment, at a place where the employee reasonably may be and takes place while the employee is fulfilling his or her duties or is engaged in doing something incidental thereto, the injury is compensable unless it is established to be within an exception to the general rule.\(^2\)

One of the exceptions to the general rule is an idiopathic fall. The Board has defined an idiopathic fall as a fall “where a personal, nonoccupational pathology caused an employee to collapse and to suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of employment.”\(^3\) An idiopathic fall is not compensable because it did not arise out of a risk connected with the employment.\(^4\) The question of causal relationship in such cases is a medical one and must be resolved by medical evidence.\(^5\)

Although a fall is idiopathic, an injury resulting from the fall is compensable if some job circumstance or working condition intervenes in contributing to the incident or injury.\(^6\) For example, instead of falling directly to the floor, strikes a part of his or her body against a wall, a piece of equipment, furniture or machinery, the Board has found that working conditions intervened in contributing to an employee’s injury.\(^7\)

In this case, the medical evidence establishes that appellant’s collapse and fall on September 14, 1999 was idiopathic. Even though Dr. Bass, in his initial report, indicated “acute stress reaction (job related),” he did not describe how appellant’s fall was attributed to his employment. Appellant suffers from high blood pressure and is taking medication to treat his condition. He indicated that he had taken the medication on the morning of the incident. The remaining medical reports of record all indicate that appellant suffered from hypertension. For

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\(^1\) Appellant also submitted additional evidence after the final decision.


\(^3\) *Id.*


\(^6\) *Gertrude E. Evans (Wesley W. Evans)*, supra note 2.

\(^7\) See *Id.*
example, Dr. Bass’s October 12, 1999 report indicated: “hypertension with associated possible syncopal episodes.”

There is no medical evidence indicating that appellant’s collapse and fall on September 14, 1999 was related to his employment. Appellant has stated that he felt dizzy, light-headed and that his legs gave out from under him as he fainted. The reports of Drs. Bass and Ko diagnosing appellant with hypertension establish that syncopal episodes are associated with this personal, nonoccupational pathology.

The Board also finds that there was no intervening work condition that contributed to appellant’s incident or injury. Even though appellant claimed that during the fall he hit his left shoulder and lower back on equipment at his workstation, there are no coworkers who witnessed appellant fall and hit any objects on his way down. Primarily the witnesses of record only stated that they saw appellant lying on the floor after the fall, but that they did not witness the fall itself. Only appellant’s supervisor and Ms. Teves reported witnessing the fall itself. Appellant’s supervisor stated that she witnessed the fall and that appellant did not hit or touch any objects on his way down. Ms. Teves reported that appellant initially leaned against a cart, but that he did not strike any objects on his way to the floor.

As appellant has not established that his fall was caused by employment factors and there is no evidence of record to support his claim that he struck a part of his body against an object in his work area, the fall is considered idiopathic and is therefore noncompensable.

The Board also finds that appellant did not establish that he sustained an emotional condition in the performance of duty.

Appellant implied that his collapse and subsequent fall was caused by the stress of the meeting he had with his office manager and shop steward immediately prior to the incident. He indicated that he was reprimanded for leaving a case of mail at his workstation and that he became upset during the inquiry.

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that the condition for which he claims compensation was caused or adversely affected by employment factors. This burden includes the submission of a detailed description of the employment factors or conditions which appellant believes caused or adversely affected the condition or conditions for which compensation is claimed.

Workers’ compensation law does not cover each and every injury or illness that is somehow related to employment. There are distinctions regarding the type of situation giving rise to an emotional condition which will be covered under the Act. For example, disability

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8 The question of a collapse and fall is a medical one. *Fay Leiter*, 35 ECAB 176 (1983).


resulting from an employee’s emotional reaction to his or her regular or specially assigned duties or to a requirement imposed by the employing establishment is covered. However, an employee’s emotional reaction to an administrative or personnel matter is generally not covered and disabling conditions caused by an employee’s fear of termination or frustration from lack of promotion are not compensable. In such cases, the employee’s feelings are self-generated in that they are not related to assigned duties.

Nonetheless, if the evidence demonstrates that the employing establishment erred or acted abusively or unreasonably in the administration of a personnel matter, any physical or emotional condition arising in reaction to such error or abuse may be covered. However, a claimant must support his allegations with probative and reliable evidence; personal perceptions alone are insufficient to establish an employment-related emotional condition.

The initial question is whether appellant has alleged compensable employment factors as contributing to his condition; if appellant’s allegations are not supported by probative and reliable evidence, it is unnecessary to address the medical evidence.

In this case, appellant alleged that the stress of the meeting prior to his collapse was the cause of the incident. He indicated that he was reprimanded by his office manager for leaving a “case” of mail at his workstation. Since this matter involved a disciplinary issue, it is considered administrative in nature and is not a compensable factor of employment. As stated earlier, an employee’s emotional reaction to an administrative or personnel matter is generally not covered by the Act. Appellant did not submit any evidence that his reprimand was in error or was abusive.

The Board finds that appellant has identified no compensable work factors that are substantiated by the record. Appellant has also not established that the employing establishment erred or acted abusively or unreasonably in the administration of personnel matters. As no compensable work factors have been identified, it is unnecessary to address the medical evidence.

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12 Jose L. Gonzalez-Garced, 46 ECAB 559 (1995).
13 Sharon J. McIntosh, 47 ECAB 754 (1996).
18 See Margaret S. Krzycki, 43 ECAB 496, 502 (1992) (noting that, if appellant fails to substantiate with probative and reliable evidence a compensable factor of employment, the medical evidence need not be discussed).
19 Sharon J. McIntosh, supra note 13.
20 Margaret S. Krzycki, supra note 17.
The March 21, 2000 decision of the Office of Workers’ Compensation Programs is hereby affirmed.

Dated, Washington, DC
August 8, 2001

Michael J. Walsh
Chairman

David S. Gerson
Member

A. Peter Kanjorski
Alternate Member