United States Department of Labor
Employees' Compensation Appeals Board

T.R., Appellant	)	
and	)	**Docket No. 26-0283**
	)	**Issued: July 7, 2026**
DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, BUTNER FEDERAL CORRECTIONAL FACILITY, Butner, NC, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On February 2, 2026 appellant filed a timely appeal from a January 28, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that, following the January 28, 2026 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

ISSUE

The issue is whether appellant has met her burden of proof to establish disability from work for the period October 26, 2022 through December 17, 2023, causally related to the accepted employment injury.

FACTUAL HISTORY

On May 17, 2023 appellant, then a 44-year-old correctional officer, filed an occupational disease claim (Form CA-2) alleging that she sustained injury to her feet due to factors of her federal employment. She explained that when she was walking during identification of inmate visitors and receiving equipment from staff, she experienced right foot pain, including tingling, throbbing, and stiffness. Appellant noted that she first became aware of her conditions on February 17, 2014, and realized their relationship to her federal employment on December 14, 2022.[3] She related that after a previously accepted February 12, 2014 employment injury she returned to limited-duty work from January through October 2015, and full-duty work in December 2015, which included constant walking, standing, bending, kneeling, climbing stairs, and dragging or carrying heavy items which caused or contributed to her bilateral foot conditions. OWCP initially accepted the claim for plantar fascial fibromatosis.

Beginning May 30, 2023, appellant filed claims for compensation (Form CA-7) for total disability from work commencing October 26, 2022.

In a development letter dated June 9, 2023, OWCP notified appellant of the deficiencies of her disability claim and advised her of the type of evidence needed for the claimed dates of disability. It afforded her 30 days to respond.

Appellant responded to OWCP's development letter on July 9, 2023 and provided additional evidence. In a December 14, 2022 report, Dr. Tuan Huynh, a physician specializing in family medicine, diagnosed acquired bilateral pes planus and bilateral plantar fasciitis. He recounted appellant's employment duties and opined that the constant walking and standing had caused the development of plantar fascial fibromatosis. Dr. Huynh prescribed physical therapy and opined that she could perform light-duty work.

By decision dated August 11, 2023, OWCP denied appellant's claim for total disability during the period commencing October 26, 2022.

[3] OWCP assigned the present claim OWCP File No. xxxxxx839. Appellant previously filed a Form CA-1 for a February 12, 2014 slip and fall injury, which OWCP accepted for fracture of other tarsal and metatarsal bones on the right, right ankle sprain, traumatic arthropathy, right foot and ankle, and late effect of fracture of the right lower extremity under OWCP File No. xxxxxx689. On January 12, 2018 OWCP granted appellant a schedule award for 17 percent permanent impairment of the right lower extremity. By decision dated October 26, 2022, it terminated appellant's medical benefits and wage-loss compensation due to the accepted conditions. OWCP has administratively combined OWCP File No. xxxxxx839 and xxxxxx689, with the latter serving as the master file.

On November 30, 2023 OWCP expanded acceptance of the claim to include bilateral pes planus.[4]

OWCP subsequently received additional evidence. In an August 12, 2019 report, Dr. Annunziato Amendola, a Board-certified orthopedic surgeon, diagnosed bilateral plantar fasciitis right greater than left with underlying pes planus. Appellant underwent bilateral foot x-rays of even date.

In reports dated September 27 and December 13, 2023, Dr. Huynh determined that appellant was temporarily disabled and unable to work at her full capacity or perform the normal duties in her general activities of daily living. He opined that she should avoid any activities that may aggravate her condition.

In an undated report and November 8, 2023 report, Dr. Huynh diagnosed bilateral plantar fasciitis, bilateral pes planus, and injury of the peroneal nerve at the lower leg level. He related that appellant had been able to work and had not lost any time at work since the accident. However, Dr. Huynh opined that she was temporarily disabled and directed appellant to perform light-duty work avoiding over exertion in the form of pushing, pulling, lifting, stooping, and prolonged standing and walking, heavy exercises, jumping, bouncing, heavy lifting, bending, and straining.

On November 14, 2023 appellant underwent electromyogram/nerve conduction velocity (EMG/NCV) studies which demonstrated right peroneal mononeuropathy.

On December 4, 2023 Dr. Huynh provided work restrictions including working four hours a day, lifting up to 25 pounds for two hours a day, sitting, standing, walking, driving, and climbing up to two hours a day, bending and stoop for one hour and no kneeling, or twisting. On December 14, 2023 the employing establishment offered appellant a limited light-duty assignment in conformance with Dr. Huynh's December 4, 2023 work restrictions. Appellant accepted this assignment on December 18, 2023.

The record contains a series of disability notes dated January 11 through December 7, 2023 from a provider with an illegible signature.

Beginning December 31, 2023, appellant filed Form CA-7 for wage-loss compensation commencing December 18, 2023. She provided time analysis forms (Form CA-7a) indicating that she worked four hours a day and used leave without pay for four hours a day for the period December 18, 2023 through July 26, 2024.

In notes dated January 3 through August 14, 2024, Dr. Huynh repeated his December 4, 2023 work restrictions. In reports dated April 1, 2024 through July 1, 2024, he diagnosed plantar fascial fibromatosis.

[4] Appellant alleged additional employment-related conditions as a consequence of her accepted employment injuries. OWCP did not issue a final decision addressing the expansion of the acceptance of her claim to include additional conditions prior to the February 2, 2026 appeal to the Board. Therefore, the Board will not address this issue on appeal. *See* 20 C.F.R. § 501.2(c); *N.R.,* Docket No. 22-0958 n. 4 (issued February 21, 2025).

On May 17, 2024 the employing establishment issued a memorandum to its human resources specialist inquiring whether appellant was medically fit for service.

Beginning on June 28, 2024, OWCP paid wage-loss compensation for four hours of disability on the supplemental rolls commencing December 18, 2023.

By decision dated August 15, 2024, OWCP denied modification of the August 11, 2023 decision.

OWCP continued to receive evidence. Appellant underwent EMG/NCV testing on October 30, 2019 which demonstrated a right superficial peroneal neuropathy.

On January 3, 2024 Dr. Huynh diagnosed bilateral pes planus and bilateral plantar fasciitis finding that appellant was partially disabled. He completed a March 27, 2024 report diagnosing bilateral pes planus, bilateral plantar fasciitis, injury of the peroneal nerve at the lower leg level, and nondisplaced fracture of the right talus and recommended light-duty work.

In June 19, and July 17, 2024 reports, Dr. Huynh related appellant's symptoms of bilateral foot pain and lower back pain. He reviewed a March 18, 2020 lumbar magnetic resonance imaging (MRI) scan and the October 30, 2019 EMG/NCV testing. Dr. Huynh diagnosed intervertebral disc disorders with radiculopathy, lumbar region, intervertebral disc displacement, muscle spasms of the back, pes planus of the bilateral feet, bilateral plantar fasciitis, injury of the peroneal nerve, and nondisplaced fracture of the right talus. He explained that appellant injured her back when an unexpected load is placed on to the intervertebral disc, and the unexpected load or torsion of a disc resulted in tearing of the annulus fibers and leads to a disc injury. Dr. Huynh opined that appellant's lumbar injuries were directly and causally attributed to her injury to her foot. He determined that appellant was temporarily disabled.

On October 15, 2024 appellant again sought treatment with Ms. Ciani, a nurse practitioner.

In notes dated August 14 and October 9, 2024, Dr. Huynh diagnosed bilateral pes planus, injury of the peroneal nerve and nondisplaced fracture of the body of the right talus. He found that she was partially disabled.

In reports dated September 11, 2024 through January 8, 2025, Dr. Huynh described appellant's February 14, 2014 employment injury and repeated his June 19, 2024 diagnoses of back conditions. In disability notes dated September 11, 2024 through March 12, 2025, he continued to opine that appellant was partially disabled and reiterated work restrictions.

On March 20, 2025 OWCP referred appellant, along with the case record and statement of accepted facts (SOAF) to Dr. Chason S. Hayes, a Board-certified orthopedic surgeon, for a second opinion evaluation regarding the nature and extent of her condition and disability.

In an April 4, 2025 report, Dr. Hayes reviewed the SOAF and described appellant's accepted employment injury. On physical examination he found subjective complaints of pain in both feet, with no clinical deformity, normal range of motion, and normal function. Dr. Hayes diagnosed bilateral plantar fasciitis. He determined that appellant had no medical contraindications from performing her date-of-injury job as outlined in the SOAF. On May 6,

2025 Dr. Hayes completed a work capacity evaluation (Form OWCP-5c) and indicated that appellant was capable of returning to work without restrictions.

In April 9 and May 7, 2025 notes, Dr. Huynh repeated appellant's previous work restrictions. He completed a treatment note of even date addressing appellant's low back and right foot symptoms. Dr. Huynh disagreed with Dr. Hayes' findings and conclusions. He noted that appellant demonstrated right peroneal mononeuropathy including foot drop as she struggles to lift the front part of her foot when taking a step which led to a high-stepping gait or a slapping sound as your foot hit the ground. Dr. Huynh explained her employment duties of constant walking and stair climbing on uneven surfaces had led to compression of the peroneal nerve with sensory impairments and contributed to the accepted conditions of plantar fascial fibromatosis and pes planus. He also opined that appellant's painful abnormal walking had caused her to experience low back pain. Dr. Huynh concluded that she was partially disabled. He provided work restrictions on June 4 July 9, and 19, and August 13, 2025 and completed a June 4, 2025 Form OWCP-5c listing those restrictions including working four hours a day.

In a letter dated April 23, 2025, the employing establishment found that appellant was physically/medically unable to perform the essential functions of her position. It terminated her employment on April 24, 2025.

Beginning June 13, 2025, OWCP paid eight hours of wage-loss compensation on the periodic rolls effective June 15 through December 27, 2025.

On June 27, 2025 OWCP provided Dr. Huynh with Dr. Hayes' April 4, 2025 report for his comments. On July 9 and August 13, 2025 Dr. Huynh provided work restrictions "to ensure not to aggravate her condition more."

On August 13, 2025 appellant requested reconsideration. She submitted notes dated May 7 through November 5, 2025, wherein Dr. Huynh continued to provide work restrictions. In a February 24 and May 28, 2025 report, he diagnosed plantar fascial fibromatosis and found that she could perform light-duty work.

By decision dated November 10, 2025, OWCP modified the August 15, 2024 decision finding that the medical evidence was sufficient to support four hours of wage-loss compensation for disability from work due to the accepted employment injury during the period commencing December 18, 2023. The claim remained denied, however, as appellant had not established disability from work due to her accepted employment injury for the period October 26, 2022 through December 17, 2023.

OWCP continued to receive evidence. Appellant submitted July 28, 2021 notes from Deanna L. Walters, a nurse practitioner. In a November 10, 2021 report, Dr. James Deorio, a Board-certified orthopedic surgeon, diagnosed plantar fasciitis and arthritis and spiking bone on the right third tarsometatarsal (TMT) joint. He found that appellant was ambulatory but had weakness and/or instability of her right foot which required stabilization.

In notes dated December 10, 2025 through January 7, 2026, Dr. Huynh continued to provide work restrictions.

On January 18, 2026 appellant requested reconsideration. She asserted that the accepted condition of "late effects of fracture" directly contradicted that her work injury had fully resolved by October 2022 and supported the presence of peripheral nerve involvement and consequential lumbar conditions as a residual effect of the accepted injury. Appellant further contended that OWCP had improperly terminated her medical benefits and wage-loss compensation on October 26, 2022.

Appellant submitted Dr. Hayes' May 6, 2022 report addressing her prior diagnoses of right midfoot arthrodesis status post Lis Franc dislocation and advised that she could return to her date-of-injury position. Dr. Hayes completed a Form OWCP-5c of even date and found that appellant could return to regular-duty work.

In a January 21, 2026 statement, appellant related that OWCP had not addressed her requests to expand the acceptance of her claim to include injury of peroneal nerve, nondisplaced fracture of the right talus, lumbar intervertebral disc disorders with radiculopathy, lumbar disc displacement, and muscle spasms of the back.

By decision dated January 28, 2026, OWCP denied modification. It noted that disability related to currently unaccepted conditions was not compensable.[5]

LEGAL PRECEDENT

An employee seeking benefits under FECA[6] has the burden of proof to establish the essential elements of his or her claim,[7] including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[8] For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.[9] Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.[10]

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of appellant, must be

[5] *Supra* note 4.

[6] *Supra* note 1.

[7] *See L.S.*, Docket No. 18-0264 (issued January 28, 2020); *B.O.*, Docket No. 19-0392 (issued July 12, 2019).

[8] *See S.F.*, Docket No. 20-0347 (issued March 31, 2023); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[9] *T.K.*, Docket No. 26-0004 (issued February 18, 2026); *T.W.,* Docket No. 19-1286 (issued January 13, 2020).

[10] *S.G.*, Docket No. 18-1076 (issued April 11, 2019); *Fereidoon Kharabi*, 52 ECAB 291-92 (2001).

one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.[11]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.[12]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish disability from work for the period October 26, 2022 through December 17, 2023, causally related to the accepted employment injury.

In an August 12, 2019 report, Dr. Amendola, diagnosed bilateral plantar fasciitis right greater than left with underlying pes planus. This report did not, however, address disability. The Board has held that medical evidence that does not address whether the claimed disability is causally related to the accepted employment-related conditions is of no probative value.[13] Therefore, this evidence is insufficient to establish appellant's disability claim.

In a November 10, 2021 report, Dr. Deorio, diagnosed plantar fasciitis, and arthritis and spiking bone on the right third TMT joint. He opined that appellant was ambulatory but had weakness and/or instability of her right foot which required stabilization. This report does not address any disability from work due to the accepted conditions of plantar fascial fibromatosis and bilateral pes planus. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value.[14] As such, this report is of no probative value and thus insufficient to establish appellant's disability claim.

Commencing December 14, 2022, Dr. Huynh submitted a series of reports diagnosing plantar fascial fibromatosis and bilateral pes planus and opining that appellant could perform light-duty work. On December 4, 2023 he provided work restrictions including working four hours a day, lifting up to 25 pounds for two hours a day, sitting, standing, walking, driving, and climbing up to two hours a day, bending and stoop for one hour and no kneeling, or twisting. OWCP has accepted that appellant was partially disabled from work commencing December 18, 2023. While Dr. Huynh opined that she was partially disabled due to her accepted employment injuries, he did

[11] *See C.L.,* Docket No. 26-0005 (issued January 29, 2026); *B.P.*, Docket No. 23-0909 (issued December 27, 2023); *D.W.*, Docket No. 20-1363 (issued September 14, 2021); *Y.S.,* Docket No. 19-1572 (issued March 12, 2020).

[12] *See M.J.*, Docket No. 19-1287 (issued January 13, 2020); *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, *supra* note 10.

[13] *See N.W.*, Docket No. 25-0270 (issued April 7, 2025); *M.T.*, Docket No. 24-0465 (issued September 27, 2024); *A.O.*, Docket No. 24-0382 (issued May 16, 2024); *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[14] *F.S., id.*; *L.B., id.*; *D.K., id. See also K.C.,* Docket No. 26-0269 (issued May 18, 2026); *B.B.*, Docket No. 25-0661 (issued September 9, 2025); *G.R.*, Docket No. 25-0540 (issued June 26, 2025).

not specifically address the claimed period of total disability from October 26, 2022 through December 17, 2023.[15] Thus, this evidence is insufficient to establish appellant's disability claim.[16]

On November 8, 2023 Dr. Huynh opined both that appellant had been able to work and had not lost any time at work since the accident and that she was temporarily disabled with restrictions on heavy exercises, jumping, bouncing, heavy lifting, bending, and straining. This report is, therefore, internally inconsistent as to whether appellant was partially disabled from work. As such, it is of diminished probative value.[17]

The record also consists of a report from a healthcare provider with an illegible signature. The Board has held that reports that are unsigned or bear an illegible signature cannot be considered probative medical evidence as the author cannot be identified as a physician.[18] Therefore, this report is also of no probative value and insufficient to establish appellant's disability claim.

The remainder of the evidence of record consists of MRI scans and EMG/NCV studies. Diagnostic studies, standing alone, lack probative value as they do not address whether an accepted employment condition caused the claimed disability.[19]

As the medical evidence of record is insufficient to establish total disability from work during the claimed period causally related to the accepted employment injury, the Board finds that appellant has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish disability from work for the period October 26, 2022 through December 17, 2023 causally related to the accepted employment injury.

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[15] *M.C.,* Docket No. 26-0252 (issued May 6, 2026); *T.K.*, Docket No. 26-0004 (issued February 18, 2026); *C.L.*, Docket No. 26-0005 (issued January 29, 2026); *B.P.*, Docket No. 23-0909 (issued December 27, 2023); *D.W.*, Docket No. 20-1363 (issued September 14, 2021); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020).

[16] *See M.C., T.K.*, *C.L.*, *id.*; *S.J.*, Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

[17] *See A.L.,* Docket No. 25-0492 (issued May 27, 2025); *D.T. (W.T.)*, Docket No. 24-0649 (issued February 3, 2025); *C.C.*, Docket No. 18-1229 (issued March 8, 2019); *S.K.*, Docket No. 18-0836 (issued February 1, 2019); *E.D.*, Docket No. 17-1064 (issued March 22, 2018).

[18] *See T.P.*, Docket No. 21-0868 (issued December 21, 2021); *R.L.*, Docket No. 20-0284 (issued June 30, 2020); *M.A.*, Docket No. 19-1551 (issued April 30, 2020); *T.O.*, Docket No. 19-1291 (issued December 11, 2019); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

[19] *D.A.,* Docket No. 26-0214 (issued April 21, 2026); *K.H.*, Docket No. 25-0906 (issued January 30, 2026); *B.B.*, Docket No. 25-0661 (issued September 9, 2025); *A.V.*, Docket No. 19-1575 (issued June 11, 2020).

ORDER

IT IS HEREBY ORDERED THAT the January 28, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 7, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board