United States Department of Labor
Employees' Compensation Appeals Board

S.P., Appellant	)	
and	)	**Docket No. 26-0378**
	)	**Issued: June 22, 2026**
DEPARTMENT OF HOMELAND SECURITY, FEDERAL LAW ENFORCEMENT TRAINING CENTER, Glynco, GA, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On March 17, 2026 appellant filed a timely appeal from a March 16, 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]

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that, following the March 16, 2026 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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.*

FACTUAL HISTORY

On September 16, 2025 appellant, then a 48-year-old law enforcement specialist/physical techniques instructor, filed an occupational disease claim (Form CA-2) alleging that he sustained injuries to his neck, shoulders, arms, and hands due to factors of his federal employment, including physical techniques and tactical medicine instruction, which involved fighting trainees and demonstrating drags, carries, and tactical medicine training. He advised that he sustained an injury in Summer 2016 while instructing in the mat room and that his condition worsened over the years as he continued his instruction duties. Appellant noted that he first became aware of his claimed injuries and realized their relationship to his federal employment on September 16, 2025. He did not stop work.

In an accompanying statement, appellant indicated that he first began working as a law enforcement specialist/physical techniques instructor for the employing establishment in March 2016. He advised that his work required him to engage in physical activity for 8 to 10 hours per day, including weightlifting, running, exercising, standing, and walking. These activities involved body motions such as bending, crouching, and squatting. Appellant discussed diagnostic test findings, obtained from February through August 2025. He also submitted a description for the position of law enforcement specialist/physical techniques instructor.

Appellant submitted February 12, 2025 x-rays of the shoulders which contained an impression of "unremarkable shoulder radiographs." X-rays of the sternum of even date contained an impression of "unremarkable radiographic appearance of sternum without radiopaque mass." An April 21, 2025 magnetic resonance imaging (MRI) scan of the cervical spine demonstrated neural foraminal stenosis and spondylosis at C2-3 through C6-7. A chest MRI scan of even date contained an impression of well-circumscribed right anterior chest wall subcutaneous lesion, likely reflecting an epidermal inclusion cyst.

A July 14, 2025 left shoulder MRI scan contained an impression of intact rotator cuff with fluid in the subacromial/subdeltoid bursa, paralabral cysts adjacent to the posteroinferior and anterior glenoid labrum, and remote Hill-Sachs defect. A right shoulder MRI scan of even date contained an impression of abnormal signal in the anterior inferior and inferior labrum, likely representing paralabral cysts. August 18, 2025 x-rays of the elbows contained an impression of "negative elbow radiographs." Appellant also submitted an unsigned September 4, 2025 consult note containing a recitation of his upper and lower extremity complaints, and an unsigned April 21, 2025 list of service-related disabilities from the Department of Veterans Affairs.

In a September 22, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of evidence needed to establish his claim and afforded him 60 days to respond. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding appellant's allegations. It afforded the employing establishment 30 days to respond.

Appellant subsequently submitted treatment notes dated September 24, and October 2 and 14, 2025, by Katherine Twitty, a physical therapist. He also submitted an October 14, 2025 report wherein Melissa Brinton, a registered nurse, discussed his reported symptoms.

In a follow-up October 24, 2025 letter, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the September 22, 2025 letter to submit the necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

Appellant submitted a November 4, 2025 report by Ms. Twitty.

OWCP also received a November 11, 2025 statement wherein appellant's current supervisor indicated that he had no reason to doubt appellant's description of his work duties.

By decision dated December 15, 2025, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of his employment. Thus, it concluded that the requirements to establish an injury, as defined by FECA, had not been met.

On December 22, 2025 appellant requested reconsideration of the December 15, 2025 decision.

Appellant submitted a December 10, 2025 report wherein Dr. Mark A. Seldes, a Board-certified family medicine physician, advised that appellant recounted over time he felt pain in his cervical spine, shoulders, and elbows, and nerve pain which radiated from his elbows down into his little and ring fingers. Dr. Seldes discussed appellant's work as an instructor in the physical techniques division, noting that he spent 8 to 10 hours each day teaching law enforcement combat techniques, weightlifting, long-distance running, and exercises. Appellant utilized his upper extremities on a frequent basis while teaching arrest procedures, defensive techniques, intermediate weapons, electronic control devices, and crowd control techniques. Dr. Seldes stated that appellant engaged in 1,500 hours of training per year. He reported his physical examination findings, noting tenderness in the lateral to midline of the cervical region, the anterior and posterior aspects of the shoulders, the lateral epicondyles, and the volar/dorsal surfaces of the wrists. Appellant had 4/5 strength of the deltoid, flexor, and extensor muscles of both upper extremities. Dr. Seldes diagnosed cervical degenerative disc disease, right shoulder impingement syndrome, left shoulder impingement syndrome, right elbow internal, derangement, left elbow internal derangement, and bilateral ulnar nerve neuropathy. He opined that appellant "developed injuries to his cervical spine to include cervical degenerative disease, bilateral shoulder impingement as well as bilateral elbow internal derangement, and even mild arthritis in both of his hands and wrist" due to his work for the employing establishment.

By decision dated March 16, 2026, OWCP modified its December 15, 2025 decision to find that appellant had established diagnoses in connection with the accepted employment factors. However, the claim remained denied as the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed with the applicable time limitation, that an injury was sustained while in the performance of duty, as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

In an occupational disease claim, appellant's burden of proof requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[6]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[7] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[8] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

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[3] *Supra* note 1.

[4] *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.,* Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[5] *E.S., id.*; *S.P.,* 59 ECAB 184 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[6] *A.C.* Docket No. 25-0783 (issued September 15, 2025); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[7] *W.M.,* Docket No. 14-1853 (issued May 13, 2020); *T.H.,* 59 ECAB 388, 393 (2008); *Robert G. Morris,* 48 ECAB 238 (1996).

[8] *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[9] *J.D.,* Docket No. 22-0935 (issued December 16, 2022); *T.L.,* Docket No. 18-0778 (issued January 22, 2020); *Y.S.,* Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams,* 41 ECAB 345, 352 (1989).

Appellant submitted a December 10, 2025 report wherein Dr. Seldes discussed appellant's work duties and reported physical examination findings. Dr. Seldes diagnosed cervical degenerative disc disease, right shoulder impingement syndrome, left shoulder impingement syndrome, right elbow internal, derangement, left elbow internal derangement, and bilateral ulnar nerve neuropathy. He opined that appellant "developed injuries to his cervical spine to include cervical degenerative disease, bilateral shoulder impingement as well as bilateral elbow internal derangement, and even mild arthritis in both of his hands and wrist" due to his work for the employing establishment. However, Dr. Seldes did not provide sufficient medical rationale in support of his opinion on causal relationship. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.[10] Therefore, this evidence is insufficient to establish appellant's occupational disease claim.

Appellant submitted treatment notes dated September 24 through November 4, 2025 by a physical therapist, and an October 14, 2025 report by a registered nurse. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.[11] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[12] Therefore, this evidence is insufficient to establish appellant's occupational disease claim.

Appellant also submitted diagnostic studies dated February 12 through August 18, 2025. However, diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment factors caused or contributed to the diagnosed condition.[13]

Appellant also submitted an unsigned September 4, 2025 consult note and an unsigned April 21, 2025 list of service-related disabilities. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative

[10] *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[11] Section 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law, 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical and occupational therapists are not competent to render a medical opinion under FECA); *see also B.D.,* Docket No. 25-0852 (issued December 1, 2025) (physical therapists are not considered physicians as defined under FECA); *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (physical therapists are not considered physicians as defined under FECA); *P.S.,* Docket No. 17-0598 (issued June 23, 2017) (registered nurses are not considered physicians as defined under FECA).

[12] *See id.*

[13] *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

medical evidence as the author cannot be identified as a physician.[14] Thus, this evidence is of no probative value and is insufficient to establish appellant's occupational disease claim.

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed conditions and the accepted factors of his federal employment, the Board finds that appellant has not met his 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 his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT March 16, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 22, 2026
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

[14] *See B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).