United States Department of Labor
Employees' Compensation Appeals Board

N.A., Appellant	)	
and	)	**Docket No. 26-0435**
	)	**Issued: October 16, 2026**
U.S. POSTAL SERVICE, POST OFFICE, San Antonio, TX, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On April 10, 2026 appellant, through counsel, filed a timely appeal from a March 23, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met her burden of proof to establish disability from work, commencing March 22, 2025, causally related to her accepted February 3, 2025 employment injury.

[1] In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

[2] 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On February 4, 2025 appellant, then a 30-year-old city carrier assistant 1, filed a traumatic injury claim (Form CA-1) alleging that on February 3, 2025[3] she sustained a right ankle and foot condition while in the performance of duty. She explained that she began experiencing discomfort in her right foot while working and after she returned to the station, she noticed her foot was swollen. Appellant indicated that the following day she experienced discomfort while working. She stopped work on February 3, 2025. OWCP accepted the claim for nondisplaced fracture of fourth metatarsal bone of the right foot, initial encounter for closed fracture; other specific joint derangements of the right foot, not elsewhere classified; and sprain of unspecified ligament of the right ankle, initial encounter.

In a March 3, 2025 report, Dr. Don Thompson, Board-certified in emergency medicine, evaluated appellant for a February 2, 2025 injury that occurred when she was delivering mail as a city carrier and experienced discomfort while walking and developed pain in her right lateral ankle and proximal midfoot within an hour or two. He noted a history of a right foot fracture, discussed examination findings, and reviewed a February 11, 2025 magnetic resonance imaging (MRI) scan of the right ankle and foot which demonstrated abnormal marrow signal tarsal bones, possible trabecular distortion and fracture base at the fourth metatarsal bone, and sprain of Lisfranc ligament and effusion intertarsal and tarsal area. Dr. Thompson diagnosed sprain of right ankle, unspecified ligament, initial encounter; other specific joint derangements of right foot not elsewhere classified; and closed nondisplaced fracture of fourth metatarsal bone of right foot with routine healing, subsequent encounter. He noted that appellant had a cam boot but was not wearing it due to improvement in her condition. Dr. Thompson advised that she could return to work for eight hours per day with restrictions and recommended a driving route only.

In a duty status report (Form CA-17) also dated March 3, 2025, Dr. Thompson diagnosed right ankle sprain. He reiterated that appellant could return to full-time work for eight hours per day and provided restrictions of no climbing or kneeling, a driving route only, no walking for more than one hour per day, no bending or kneeling for more than one hour per day, no pushing or pulling greater than 20 pounds for more than one hour per day, no lifting or carrying greater than 20 pounds for more than two hours per day, no twisting for more than three hours per day, and sitting, standing, simple grasping, fine manipulation, driving a vehicle, and operating machinery for up to eight hours per day.[4]

In a March 31, 2025 report, Dr. Thompson discussed appellant's medical history and provided findings on evaluation. He diagnosed sprain of right ankle, unspecified ligament; other specific joint derangements of right foot not elsewhere classified; and closed nondisplaced fracture of fourth metatarsal bone of right foot with routine healing. Dr. Thompson noted that appellant

[3] Although the claim form noted the date of injury as February 2, 2025, in a statement received on March 10, 2025, appellant advised that the correct date of injury is February 3, 2025.

[4] The record reflects that on March 5, 2025 appellant accepted a March 4, 2025 job offer for a limited-duty assignment as a modified city carrier assistant with duties that entailed six hours of delivering mail daily and physical requirements of no lifting/carrying greater than 20 pounds for up to two hours per day; sitting, standing, simple grasping, fine manipulation, driving a vehicle, and reaching above the shoulder for up to eight hours per day; twisting for up to three hours per day; bending, stooping, pushing/pulling no more than 20 pounds, and walking for up to one hour per day; and no climbing or kneeling. The record further reflects that appellant did not return to light-duty work on March 5, 2025 per the accepted job offer.

was no longer wearing a cam boot and had graduated to an ankle brace. He indicated that she could return to work for eight hours per day with restrictions and would try to return to a driving route with an immediate stop if she experienced recurrent pain as she had been bearing weight without problems. Dr. Thompson explained that the restrictions were based on objective findings in conjunction with the physical job requirements and were medically necessary to prevent any worsening of the current injury, prevent any new injury to the anatomical structures above or below the current injury, and prevent decreased functionality so that appellant could continue her activities of daily living.

On April 1, 2025 appellant filed a claim for compensation (Form CA-7) for disability from work during the period March 21 through 27, 2025.

In support of her claim, appellant submitted Dr. Thompson's April 2, 2025 referral orders for physical therapy and an April 2, 2025 evaluation from Eghosasere Edegbe, a physical therapist.

In a development letter dated April 7, 2025, OWCP informed appellant of the deficiencies of her claim for wage-loss compensation for the period March 22 through 27, 2025. It advised her of the type of medical evidence needed to establish her claim and afforded her 30 days to respond.

In a March 31, 2025 Form CA-17, Dr. Thompson diagnosed right ankle sprain and released appellant to full-time work with restrictions of sitting only for eight hours per day.

In a report also dated March 31, 2025, Dr. Arush Angirasa, a Board-certified foot and ankle surgeon, evaluated appellant for a work-related right foot injury, explaining that she was a mail carrier with a heavy load but did not recall direct trauma or an inciting event that caused her injury as she described multiple steps in and out of her work truck when she noted worsening pain and discomfort afterwards. She was evaluated and placed in a fracture boot which she continued wearing at home, along with an ankle brace and stiff-soled shoe gear at work. Dr. Angirasa also noted that against his medical advice, appellant played soccer at times and complained that her right foot and ankle had worsened in terms of discomfort. She related some improvement in pain and discomfort along the midfoot which was proportional to weight bearing and ambulation and noted a similar injury to the right foot from two years prior for which she was treated conservatively with a fracture boot. Dr. Angirasa diagnosed right leg peroneal tendinitis and moderate right ankle sprain, initial encounter. He recommended appellant continue to wean out the fracture boot, transition into a stiff-soled athletic shoe with an ankle brace, continue with limited activity, and referred her for physical therapy.

On April 12, 2025 appellant filed an additional CA-7 form for disability from work for the period March 27 through April 11, 2025. In support of her claim, she submitted a copy of a Request for Notification of Absence (PS Form 3971) dated March 27, 2025.

OWCP subsequently received Dr. Angirasa's April 28, 2025 treatment report, a May 6, 2025 PS Form 3971, and additional CA-17 forms, which contained illegible signatures.

In an April 28, 2025 report, Dr. Angirasa evaluated appellant for a right foot injury, discussed the history of injury, and diagnosed right leg peroneal tendinitis and moderate right ankle sprain. He noted that she was progressing well and recommended she continue use of the stiff-soled athletic shoe and ankle brace, limit her activities, and complete her course of physical therapy.

By decision dated May 15, 2025, OWCP denied appellant's claim for disability from work commencing March 22, 2025. It found that the medical evidence of record was insufficient to establish disability from work during the claimed period, causally related to her accepted February 3, 2025 employment injury.

On May 27, 2025 appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

In support of her claim, appellant submitted a May 22, 2025 Form CA-17 from Elizabeth Bloomfield, a physician assistant, a June 2, 2025 report from Dr. Angirasa, a June 4, 2025 physical therapy evaluation, and forms and reports from Dr. Thompson dated May 22 through June 30, 2025.

In a May 22, 2025 Form CA-17, Ms. Bloomfield released appellant to full-time work with restrictions of sitting only for eight hours per day.

In a May 22, 2025 report, Dr. Thompson discussed appellant's examination findings and diagnosed sprain of right ankle, unspecified ligament; other specific joint derangements of right foot not elsewhere classified; and closed nondisplaced fracture of fourth metatarsal bone of right foot with routine healing. He noted that her condition and treatment had progressed as she was out of the cam boot and in an ankle brace. Dr. Thompson indicated that appellant was restricted to seated work only as he did not want her delivering mail until her proprioception improved and her sense of instability resolved. In a work capacity evaluation (Form OWCP-5c) of even date, he reiterated that she was limited to performing sedentary seated work only, eight hours per day.

In a June 2, 2025 report, Dr. Angirasa evaluated appellant for a right foot and ankle injury, discussed examination findings, diagnosed right leg peroneal tendinitis and moderate right ankle sprain, and recommended she continue with her course of treatment and gently increase activities to tolerance.

In reports dated June 30, 2025, Dr. Thompson reported that appellant sustained a work-related sprain of right ankle, other specific joint derangements of right foot, and closed nondisplaced fracture of fourth metatarsal bone of right foot on February 3, 2025. He related complaints of continued pain to the right ankle when walking up and down stairs and noted the need for work restrictions to prevent further injury. Dr. Thompson indicated that the effects of the work-related injury had not ceased as appellant continued to suffer from symptoms associated with the above-listed diagnoses, her prognosis remained guarded, she was unable to perform full-duty work requiring further restrictions which included, but were not limited to, walking, standing, sitting, carrying, lifting, bending, twisting, and pushing and pulling. He concluded that the duration of her modified-duty work restrictions was unknown and appellant required continued treatment for her conditions.

By decision dated August 13, 2025, an OWCP hearing representative affirmed the May 15, 2025 decision.[5]

[5] The record reflects that on June 24, 2025 appellant accepted a job offer for a limited-duty assignment as a modified city carrier.

Appellant continued to submit additional evidence in support of her claim, including a November 3, 2025 report wherein Dr. Thompson evaluated appellant and diagnosed sprain of right ankle, unspecified ligament; other specific joint derangements of right foot not elsewhere classified; and closed nondisplaced fracture of fourth metatarsal bone of right foot with routine healing. Dr. Thompson noted that she had healed to the point where she no longer needed to wear the cam boot and had returned to work for eight hours per day with restrictions which were medically necessary to prevent any worsening of the current injury, prevent any new injury to the anatomical structures above or below the current injury, and prevent decreased functionality so that appellant could complete her activities of daily living. He advised that appellant would attempt to return to a driving route with an immediate stop if she experienced recurrent pain. In an accompanying Form CA-17 of even date, Dr. Thompson continued to opine that she was unable to perform her regular work, but she could work eight hours per day with restrictions.

In a November 3, 2025 note, Dr. Thompson found that appellant had reached maximum medical improvement (MMI).

In a November 18, 2025 report, Dr. Thompson reported that appellant was evaluated for a February 2, 2025 traumatic work injury when she injured her right foot and ankle and received conservative care, specialist care, and physical therapy for her conditions.

On December 12, 2025 appellant, through counsel, requested reconsideration.

By decision dated February 3, 2026, OWCP denied modification of the August 13, 2025 decision.

In a February 17, 2026 report, Dr. Thompson indicated that appellant was evaluated and treated for a right foot and ankle injury resulting in use of a cam boot and subsequently transitioning to a lace-up brace and tennis shoe. He noted the accepted conditions of sprain of right ankle, unspecified ligament; other specific joint derangements of right foot not elsewhere classified; and closed nondisplaced fracture of fourth metatarsal bone of right foot with routine healing, subsequent encounter. Dr. Thompson reported that appellant was previously removed from work on February 4, 2025 and returned to work for eight hours per day with restrictions on March 3, 2025. He opined that the effects of the work injury had not ceased and that her prognosis was guarded but she was progressing well with her current modified-duty work restrictions, relating that the pain in her right foot and ankle had resolved and she could walk without difficulty. Dr. Thompson also opined that appellant was unable to perform full-duty work and required physical restrictions as the effects of the work injury persisted and limited her work activities and activities of daily living. He concluded that the duration of these restrictions was unknown and she required continued monthly follow-up visits with Dr. Angirasa as the orthopedic specialist.

On February 26, 2026 appellant, through counsel, requested reconsideration.

By decision dated March 23, 2026, OWCP denied modification of the February 3, 2026 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[6]

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[7] Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.[8] An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[9] When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.[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 the claimant, must be 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]

For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work causally related to the accepted employment injury.[12] 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 their disability and entitlement to compensation.[13]

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[6] *S.W.*, Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[7] 20 C.F.R. § 10.5(f).

[8] *See L.W.*, Docket No. 17-1685 (issued October 9, 2018).

[9] *See K.H.*, Docket No. 19-1635 (issued March 5, 2020).

[10] *See D.R.,* Docket No. 18-0323 (issued October 2, 2018).

[11] *S.J.*, Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

[12] *See B.D.*, Docket No. 18-0426 (issued July 17, 2019); *Amelia S. Jefferson*, 57 ECAB 183 (2005); *Fereidoon Kharabi,* 52 ECAB 291, 293 (2001).

[13] *Id.*

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish disability from work commencing March 22, 2025, causally related to her accepted February 3, 2025 employment injury.

In medical reports, forms, and referral orders dated March 3, 2025 through February 17, 2026, Dr. Thompson evaluated appellant for a February 3, 2025 right foot and ankle employment injury. He diagnosed sprain of right ankle, other specific joint derangements of right foot, and closed nondisplaced fracture of fourth metatarsal bone of right foot. In a March 3, 2025 report and Form CA-17, Dr. Thompson released appellant to full-time work for eight hours per day with restrictions, including no walking, no bending or kneeling, and no pushing, pulling, lifting or carrying greater than 20 pounds for more than one to two hours per day; and no twisting for more than three hours per day. However, Dr. Thompson did not provide an opinion regarding disability from work during the claimed period of disability.[14] Therefore, this evidence is insufficient to establish appellant's disability claim.

In a May 22, 2025 report, Dr. Thompson indicated that appellant was restricted to seated work only as he did not want her delivering mail until her proprioception improved and her sense of instability resolved. In a Form OWCP-5c of even date, he reiterated that she was limited to performing sedentary seated work only, eight hours per day. Dr. Thompson, however, did not provide sufficient rationale for his medical opinion. As noted above, the Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how the claimed disability was causally related to the accepted employment injury.[15]

In reports dated June 30, 2025, Dr. Thompson indicated that the effects of the work-related injury had not ceased as appellant continued to suffer from symptoms associated with the above-listed diagnoses, her prognosis remained guarded, she was unable to perform full-duty work requiring further restrictions which included, but were not limited to, walking, standing, sitting, carrying, lifting, bending, twisting, and pushing and pulling. He concluded that the duration of her modified-duty work restrictions was unknown and appellant required continued treatment for her conditions. However, Dr. Thompson did not specifically address whether appellant was disabled from work during the claimed period. As previously noted, 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.[16] Therefore, this evidence is insufficient to establish appellant's disability claim.

In reports dated November 3, 2025, Dr. Thompson noted that appellant no longer needed to wear the cam boot and had returned to work for eight hours per day with medically necessary restrictions to prevent worsening of the current injury or any new injury to the anatomical

[14] *O.G.,* Docket No. 25-0244 (issued June 17, 2025).

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

[16] *See B.B.,* Docket No. 25-0661 (issued September 9, 2025); *G.R.,* Docket No. 25-0540 (issued June 26, 2025); *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).

structures above or below the current injury, and to prevent decreased functionality on her ability to complete activities of daily living. He advised that she had reached MMI and was unable to perform her regular work but would attempt to return to a driving route as she could work eight hours per day with restrictions. Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[17] Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.[18] As Dr. Thompson opined that appellant could only perform light-duty work at the time of his examination, his reports negate total disability from work during the claimed period. Thus, this evidence is insufficient to establish the disability claim.[19]

Likewise, in a February 17, 2026 report, Dr. Thompson reported that appellant was previously removed from work on February 4, 2025 and returned to work for eight hours per day with restrictions on March 3, 2025. He opined that the effects of the work injury had not ceased and that her prognosis was guarded, but she was progressing well with her current modified-duty work restrictions, relating that the pain in her right foot and ankle had resolved and she could walk without difficulty. Dr. Thompson, however, did not explain with medical rationale how appellant had continuing disability causally related to the accepted employment injury.[20] As he offered contradictory opinions of appellant's disability status during the claimed period, without further explanation, and he did not sufficiently explain how objective findings on physical examination and diagnostic testing showed that appellant was totally disabled from work due to the effects of her accepted employment conditions these reports are insufficient to establish the claimed disability.[21] Accordingly, this report is of limited probative value and is insufficient to establish the disability claim.[22]

In medical reports dated March 31 through June 2, 2025, Dr. Angirasa evaluated appellant for a right foot injury, discussed the history of injury, and diagnosed right leg peroneal tendinitis and moderate right ankle sprain. However, he failed to provide an opinion on the cause of appellant's disability from work commencing March 22, 2025, causally related to her accepted February 3, 2025 employment injury.[23] The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[24] Furthermore, Dr. Angirasa indicated that appellant sustained a worsening of her right ankle condition due to a non-industrial factor as appellant related

[17] 20 C.F.R. § 10.5(f).

[18] *See D.S.,* Docket No. 26-0377 (issued July 1, 2026); *L.W.,* Docket No. 17-1685 (issued October 9, 2018).

[19] *O.A.,* Docket No. 25-0244 (issued June 17, 2026); *S.H.,* Docket No. 21-0640 (issued February 2, 2023).

[20] *See E.H.,* Docket No. 23-0503 (issued July 20, 2023); *L.S.,* Docket No. 19-0959 (issued September 24, 2019); *J.F.,* Docket No. 17-1716 (issued March 1, 2018).

[21] *See T.Y.*, Docket No. 25-0255 (issued April 2, 2025).

[22] *L.L.,* Docket No. 24-0887 (issued November 21, 2024).

[23] *A.H.*, Docket No. 22-0001 (issued July 29, 2022); *L.M.*, Docket No. 21-0063 (issued November 8, 2021); *T.T.*, Docket No. 18-1054 (issued April 8, 2020).

[24] *See 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).

playing soccer at times and complained of worsening right foot and ankle discomfort. Consequently, this evidence is insufficient to establish appellant's disability claim.[25]

In support of her claim, appellant also submitted CA-17 forms containing illegible signatures. The Board has held that unsigned reports and reports that bear illegible signatures and lack proper identification cannot be considered probative medical evidence as the author cannot be identified as a physician.[26] Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

OWCP also received reports and forms from physician assistants and physical therapists. However, certain healthcare providers such as physician assistants and physical therapists are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.[27] Consequently, these medical findings or opinions are insufficient to meet appellant's burden of proof.[28]

The remaining medical evidence fails to address the claimed period of disability from work commencing March 22, 2025 and, thus, is of no probative value and is insufficient to establish appellant's disability claim.[29]

As the medical evidence of record is insufficient to establish disability from work commencing March 22, 2025, causally related to her accepted February 3, 2025 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 commencing March 22, 2025, causally related to her accepted February 3, 2025 employment injury.

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[25] *C.W.*, Docket No. 24-0394 (issued June 5, 2024); *E.F.*, Docket No. 20-1680 (issued November 20, 2021).

[26] *See B.M.*, Docket No. 26-0249 (issued May 26, 2026); *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).

[27] Section 8102(2) of FECA provides as follows: 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. § 8102(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (version 1.0, issued March 16, 2026); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical 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 under FECA); *see also S.S.,* Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions).

[28] *T.H.*, Docket No. 23-1142 (issued March 28, 2024).

[29] *K.R.,* Docket No. 20-0681 (issued January 12, 2021); *M.A.,* Docket No. 19-1119 (issued November 25, 2019).

ORDER

IT IS HEREBY ORDERED THAT the March 23, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 16, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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