United States Department of Labor
Employees' Compensation Appeals Board

L.B., Appellant	)	
and	)	**Docket No. 26-0577**
	)	**Issued: October 20, 2026**
DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION, Chicago, IL, 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 June 8, 2026 appellant, through counsel, filed a timely appeal from a May 22, 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.

[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*.

ISSUE

The issue is whether appellant has met her burden of proof to establish a lower extremity condition causally related to the accepted November 19, 2024 employment incident.

FACTUAL HISTORY

On March 18, 2025 appellant, then a 36-year-old customs and border protection officer, filed a traumatic injury claim (Form CA-1) alleging that on November 19, 2024, she experienced pain in the right knee and shins after running and performing jumping jacks during physical training while in the performance of duty.[3]

OWCP subsequently received a November 15, 2024 employing establishment trainee restriction status from wherein Nathan Ball, a nurse practitioner, restricted appellant from running, climbing steps/ladders, squatting, kneeling, crawling and sharp pivots. A recheck was due on November 18, 2024. A November 18, 2024 restriction status update from Mr. Ball cleared appellant for full participation in all training programs.

OWCP also received a November 25, 2024 employing establishment trainee restriction status form wherein Lisa Carpenter, a nurse practitioner, indicated that appellant sustained a work-related condition of the shins. Ms. Carpenter restricted appellant from running for a three-day period.

In a December 2, 2024 employing establishment trainee restriction status form, Dr. Michael Cordova, a Board-certified family practitioner, cleared appellant for full participation in all training programs.

In reports dated February 27, 2025, Dr. Michael J. Dunn, a Board-certified orthopedic surgeon, recounted appellant's history of bilateral shin splints, greater on the left, commencing in October 2024, and right knee pain commencing in November 2024, with no known injury. On examination, he found positive medial joint line tenderness in the right knee, and tenderness to the distal tibia bilaterally. Dr. Dunn obtained x-rays of appellant's right knee which demonstrated no acute or chronic abnormalities. He diagnosed sprain of unspecified ligament of right knee, and bilateral medial tibial stress syndrome. Dr. Dunn restricted appellant from high-impact activities, and ordered imaging studies.[4]

[3] The record indicates that appellant participated in required physical training at the Federal Law Enforcement Training Center (FLETC) in Glynco, Georgia.

[4] A February 27, 2025 magnetic resonance imaging (MRI) scan of the right knee demonstrated an impression of patellofemoral compartment arthrosis with grade I chondromalacia within the lateral patellar facet and grade II chondromalacia within the medial trochlea, mild edema within the superolateral aspect of Hoffa's fat, and a small knee joint effusion. A February 27, 2025 MRI scan of the left tibia and fibula demonstrated an impression of subacute low-grade stress reaction within the mid tibial diaphysis.

In reports dated March 3, 2025, Dr. Dunn indicated that appellant should follow up with an orthopedist following training. He restricted high-impact activities for a period of six to eight weeks.

In a March 24, 2025 work slip, Fidel Calderon, a nurse practitioner, returned appellant to light duty through May 5, 2025.

In a May 5, 2025 development letter, OWCP informed appellant that the evidence of record was insufficient to establish her claim. It advised her as to the type of factual and medical evidence needed to establish her claim. OWCP afforded appellant 60 days to provide the necessary evidence.

In a May 12, 2025 report, Mr. Calderon restricted appellant to light duty for the following six weeks.

In a follow-up development letter dated June 10, 2025, OWCP advised appellant that it had conducted an interim review and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the May 5, 2025 letter to submit the necessary evidence. OWCP further advised that if the necessary evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a June 23, 2025 work slip, Mr. Calderon held appellant off work for four weeks.

By decision dated July 7, 2025, OWCP denied appellant's traumatic injury claim, finding that the evidence of record was insufficient to establish that the November 19, 2024 employment incident occurred in the performance of duty, as alleged. Therefore, it concluded that the requirements had not been met to establish an injury as defined by FECA.

OWCP subsequently received additional reports from Mr. Ball dated November 15, 2024 through March 3, 2025 wherein he recounted a bilateral hamstring injury and a fallen right arch with plantar fasciitis-type symptoms. He diagnosed bilateral medial stress syndrome, bilateral anterior tibial syndrome, right knee pain, and bilateral shin pain, increased with high impact activities.

OWCP also received a November 18, 2024 report wherein Gregory R. Marr, a certified athletic trainer, diagnosed bilateral adductor group strains sustained five days previously, and a November 21, 2024 report wherein Bridget Martin, a certified athletic trainer, noted a history of intermittent plantar fasciitis commencing in 2017, and diagnosed bilateral shin splints and right plantar fasciitis.

OWCP also received a November 21, 2024 encounter report by Dr. Cordova wherein he related appellant's multi-year history of right plantar fasciitis with symptoms worsened by running, and complaints of bilateral shin pain and right heel pain commencing since beginning physical training one month previously. Appellant's physical examination noted right anterior shin swelling and left anterior shin pain. Dr. Cordova diagnosed anterior tibial syndrome, unspecified leg, and plantar fasciitis. "Occupational (Workers' Comp)" was noted. He also indicated that right plantar fasciitis and bilateral anterior shin splints were a reportable initial injury and that a Form CA-1 would be completed.

OWCP also received reports dated December 2 and 30, 2024 wherein Dr. Cordova diagnosed anterior tibial syndrome, unspecified leg, and returned appellant to full participation in all training programs. In the December 30, 2024 report, he noted that appellant's symptoms had improved with rest during a holiday break, and that she would complete a Form CA-1.

In additional reports by Ms. Carpenter dated November 25, 2024 through February 26, 2025, she diagnosed bilateral anterior tibial syndrome, bilateral knee pain, and plantar fasciitis.

OWCP also received a January 8, 2025 report wherein Lori Howard, a certified athletic trainer, related appellant's complaints of bilateral knee pain, and opined that appellant had overuse conditions.

In a July 21, 2025 report, Mr. Calderon returned appellant to training with no restrictions.

On May 1, 2026 appellant, through counsel, requested reconsideration.

OWCP subsequently received an April 22, 2026 report from Dr. Salman A. Chaudri, an osteopath Board-certified in orthopedic surgery and sports medicine. The report noted a history of a prior work-related right knee sprain with swelling and inflammation, with the onset and worsening of symptoms during current high-impact physical training, medically consistent with aggravation of appellant's prior injury and the development of bilateral knee dysfunction. Dr. Chaudri indicated that "[r]adiographic evaluation revealed Grade I osteitis involving the patellofemoral compartment, consistent with repetitive mechanical stress and overuse." He diagnosed bilateral knee dysfunction with mechanical symptoms and opined that "[b]ut for the required high-impact and repetitive training activities, this condition would not have developed in its current form."

OWCP also received an April 16, 2026 duty status report (Form CA-17) which bears an illegible signature.

By decision dated May 22, 2026, OWCP modified the July 7, 2025 decision, finding that the November 19, 2024 employment incident occurred as alleged and that the medical evidence established a medical diagnosis in connection with the accepted employment incident. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between a medical condition and the accepted November 19, 2024 employment incident.

LEGAL PRECEDENT

When employee seeking benefits under FECA[5] 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 timely filed, that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for

[5] *Supra* note 2.

which compensation is claimed is causally related to the employment injury.[6] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[7]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[8]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment incident identified by the claimant.[9]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[10]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a lower extremity condition causally related to the accepted November 19, 2024 employment incident.

In support of her claim, appellant submitted reports dated February 27 and March 3, 2025, wherein Dr. Dunn related appellant's history of bilateral shin splints commencing in October 2024, and right knee pain commencing in November 2024. He indicated that there was no known injury, and made no mention of the accepted November 19, 2024 employment incident. Dr. Dunn diagnosed a right knee sprain and bilateral medial tibial stress syndrome. However, he did not

[6] *L.H.,* Docket No. 26-0201 (issued April 6, 2026); *C.G.,* Docket No. 20-0058 (issued September 30, 2021); *S.B.,* Docket No. 17-1779 (issued February 7, 2018); *J.P.,* 59 ECAB 178 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989).

[7] *J.M.,* Docket No. 17-0284 (issued February 7, 2018); *R.C.,* 59 ECAB 427 (2008); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[8] *T.H.,* Docket No. 19-0599 (issued January 28, 2020); *K.L.,* Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone,* 41 ECAB 354 (1989).

[9] *S.S.,* Docket No. 19-0688 (issued January 24, 2020); *A.M.,* Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris,* 48 ECAB 238 (1996).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (version 1.2, issued May 5, 2026); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see J.B.*, Docket No. 26-0462 (issued August 11, 2026; *R.D.,* Docket No. 18-1551 (issued March 1, 2019).

attribute the diagnosed conditions to these activities or otherwise address causal relationship. 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 on the issue of causal relationship.[11] Therefore, his reports are insufficient to establish appellant's claim.

In a November 21, 2024 report, Dr. Cordova indicated that the diagnosed right plantar fasciitis and bilateral anterior shin splints were reportable initial injuries, and that a Form CA-1 would be completed. In reports dated December 2 and 30, 2024, Dr. Cordova returned appellant to full participation in training. In the December 30, 2024 report, he noted that appellant's symptoms had improved with rest and reiterated that she would complete a Form CA-1. While Dr. Cordova opined that appellant's diagnosed condition was causally related, he failed to provide rationale for his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[12] This evidence is therefore insufficient to establish the claim.

OWCP also received an April 22, 2026 report from Dr. Chaudri. He noted appellant's history of a prior work-related right knee sprain with swelling and inflammation, with the onset and worsening of symptoms during current high-impact physical training, medically consistent with aggravation of appellant's prior injury and the development of bilateral knee dysfunction. Dr. Chaudri indicated that x-ray evidence indicated Grade I osteitis involving the patellofemoral compartment, consistent with repetitive mechanical stress and overuse. He diagnosed bilateral knee dysfunction with mechanical symptoms and opined that "[b]ut for the required high-impact and repetitive training activities, this condition would not have developed in its current form." While Dr. Chaudri offered an opinion generally supporting causal relationship, as previously noted, the Board has held that a rationalized medical opinion must explain how the accepted employment incident physiologically caused or aggravated the diagnosed condition. As he did not provide medical rationale explaining how the accepted employment incident physiologically caused the diagnosed conditions, Dr. Chaudri's opinion is of limited probative value.[13]

OWCP also received an April 16, 2026 Form CA-17 that bears an illegible signature, and an unsigned report dated April 22, 2026. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence because the author cannot be identified as a physician. Therefore, this evidence is of no probative value and insufficient to establish appellant's claim.[14]

[11] *N.H.*, Docket No. 26-0494 (issued September 25, 2026); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[12] *See T.B.*, Docket No. 26-0372 (issued June 30, 2026); *S.E.,* Docket No. 26-0036 (issued January 29, 2026); *S.B.,* Docket No. 21-0646 (issued July 22, 2022); *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[13] *Id*.

[14] *N.H.*, *supra* note 11; *B.M.*, Docket No. 26-0249 (issued May 26, 2026); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

Appellant also submitted reports from nurse practitioners and certified athletic trainers. However, certain healthcare providers such as nurse practitioners and athletic trainers are not considered physicians as defined under FECA, and their reports do not constitute competent medical evidence.[15] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[16]

Appellant also submitted imaging studies of the lower extremities. However, diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment incident caused or contributed to the diagnosed conditions.[17]

As the medical evidence of record is insufficient to establish a lower extremity condition causally related to the accepted November 19, 2024 employment incident, 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 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 a lower extremity condition causally related to the accepted November 19, 2024 employment incident.

[15] 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, *supra* note 10 at Chapter 2.805.3a(1) (version 1.2, issued May 5, 2026); *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 R.H.*, Docket No. 24-0234 (issued April 2, 2024) (athletic trainers are not considered physicians as defined under FECA); *V.R.,* Docket No. 19-0758 (issued March 16, 2021) (physical therapists are not considered physicians under FECA); *C.K.,* Docket No. 19-1549 (issued June 30, 2020) (physical therapists are not considered physicians as defined under FECA).

[16] *Id.*

[17] *J.P.*, Docket No. 26-0466 (issued July 23, 2026); *O.R.,* Docket No. 23-0156 (issued August 22, 2023); *K.R.,* Docket No. 20-1103 (issued January 5, 2021); *F.S.,* Docket No. 19-0205 (issued June 19, 2019).

ORDER

IT IS HEREBY ORDERED THAT the May 22, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 20, 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