

PART C – Decision under Appeal

The decision being appealed is the Ministry of Social Development and Social Innovation (the “Ministry”) June 11, 2014 reconsideration decision in which the Ministry determined that the Appellant was not eligible for Persons with Disabilities (“PWD”) designation because she did not meet all the requirements for PWD designation in section 2(2) of the Employment and Assistance for Persons with Disabilities Act. Based on the information provided, the Ministry was not satisfied that the Appellant has a severe mental or physical impairment that in the opinion of a prescribed professional

- (i) directly and significantly restricts her ability to perform daily living activities either continuously or periodically for extended periods; and,
- (ii) as a result of those restrictions she requires help to perform those activities.

The Ministry was satisfied that the Appellant has reached 18 years of age and in the opinion of a medical practitioner her impairment is likely to continue for at least 2 years.

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (“EAPWDA”) Section 2(2) and 2(3).
Employment and Assistance for Persons with Disabilities Regulation (“EAPWDR”) Section 2.

PART E – Summary of Facts

For its reconsideration decision, the Ministry had the following evidence:

1. Appellant's PWD application consisting of:

- Her self-report dated January 21, 2014.
- A physician's report ("PR") and an assessor's report ("AR") both completed on January 14, 2014 by the Appellant's family doctor who indicated that he had known the Appellant for 3 years and had seen her 11 or more times in the 12 months preceding the reports.

2. Appellant's request for reconsideration dated May 21, 2014 with:

- Written submissions by the Appellant's advocate.
- A checklist report completed by the Appellant's same family doctor on May 24, 2014.

Diagnoses

In the PR, the doctor diagnosed the Appellant with rheumatoid arthritis of bilateral thumbs, both hips, knees, left shoulder, elbows; memory impairment caused by a motor vehicle accident; PTSD [post traumatic stress disorder], flashbacks, learning disorder (unable to learn new skills) after surviving a major event; and asplenic.

In the May 2014 check list report, the doctor checked off the same conditions as reported in the PR and he added that the Appellant "also has urinary incontinence as an extra barrier".

Physical Impairment

In her self-report, the Appellant described her disability as follows:

- Deformed right foot makes it hard to walk or stand for long periods, has orthotics, foot still swells and bruises the ankle.
- Arthritis in thumbs was removed surgically, but is coming back in most joints of her body and in all her fingers.
- Can't use her hands for continual, repetitive work.
- Can't sleep through the night.
- Can't walk fast or exercise, difficulty getting in and out of vehicles because of her knees.

In the PR, the doctor described the severity of the Appellant's conditions and her physical functioning skills as follows:

- Sustained injuries including a ruptured spleen, dislocated both hips, a number of ribs penetrated her lung and pneumothorax after a severe motor vehicle accident.
- Severe bunion, impaired gait.
- Chronic pain in her shoulder, hips, back, knees – currently controlled with medications; the pain will likely persist; pain control requires medical treatment, psychological support.
- Can walk 1-2 blocks unaided on a flat surface, can climb 5+ stairs unaided, can lift 5-15 lbs., can remain seated less than 1 hour.
- Added the following comment: "severe arthritis"

In the AR, the doctor reported the Appellant's mobility and physical ability as follows:

- Walking indoors – independent, uses assistive device, takes significantly longer – 2x, must use orthotic shoes.
- Walking outdoors – uses assistive device, takes significantly longer- 2x, 5 minutes for 30 metres, slower
- Climbing stairs – independent, uses assistive device, takes significantly longer – 2x – but

dizziness going down stairs.

- Standing – independent, uses assistive device, takes significantly longer – 2x, cannot stand for more than 5 minutes before must lean on something.
- Lifting – independent, takes significantly longer – 2x, cannot carry more than 5 lbs. for 5 minutes.
- Carrying and holding – independent, cannot carry heavy items for long.

In the checklist report, the doctor checked boxes beside the following statements:

- Basic mobility: directly and significantly restricted from walking more than 1-2 blocks due to swelling in right foot, pain in left knee and right hip.
- Climbing stairs: directly restricted from climbing stairs without holding onto railing for support. She takes 2x longer to climb more than 5 stairs.
- Lifting/carrying/holding: significantly restricted from lifting, carrying or holding more than 5 lbs. for more than 5 minutes due to pain in shoulders and hands.
- Sitting: directly restricted from sitting longer than 5 minutes without changing positions due to back pain and cramps in legs.

Mental impairment

In her self-report, the Appellant described her disability as follows:

- Short term memory loss, getting worse, head injury in a car accident.
- Can't hold a job that needs memory of prices or orders – waitress or cashier positions.
- Forgets things that she is doing; e.g., leaves the room to get or do something and can't remember. Has left pot on the stove boiling eggs, they burnt, has to use a timer to alert herself.
- Has difficulty learning because of memory (new career).

In the PR, the doctor reported and described the Appellant's conditions as follows;

- Traumatic brain injury from a motor vehicle accident, PTSD, amnesia, difficulties with communication, cognitive cause – short term memory loss.
- Significant deficits with cognitive and emotional function in the areas of memory, emotional disturbance, attention or sustained concentration.
- "Severe memory/learning disability"; "severe PTSD related to surviving [a major incident]".

In the AR, the doctor described the Appellant's impairment affecting her ability to manage daily living activities as "severe memory deficit, cannot form episodic memory". He reported that her ability to speak, write and hear is good. Her ability to read is satisfactory – "will forget what she read before, after minutes". The doctor also reported the following impacts to cognitive and emotional functioning:

- No impact in the areas of consciousness; impulse control; insight and judgment; executive; motor activity; other neuropsychological problems; other emotional or mental problems.
- Minimal impact in psychotic symptoms.
- Moderate impact in the area of language.
- Major impact in the areas of bodily functions – sleep disturbance; emotion – anxiety; attention/concentration; memory – names, forgets over-learned facts; motivation.
- Adding "[Appellant] reports she suffers from PTSD, depression and anxiety and has confusion, lack of motivation, language restrictions, and delusions/flashbacks".

In the checklist report, after the statement "experiences the following symptoms daily as a result of her mental health conditions which further restrict her ability to complete her daily living activities", the doctor checked boxes by the following statements:

- Sleep disturbances – major impact.

- Anxiety – major impact.
- Depression – major impact.
- Poor concentration and short term memory issues – major impact.
- Memory issues, learning new info, forgetting over-learned facts – major impact.
- Lack of motivation – major impact.
- Language restrictions, loses train of thought – moderate impact.
- Delusions and flashbacks – moderate impact.

Daily Living Activities

In the PR, the doctor reported that the Appellant has not been prescribed any medication and/or treatments that interfere with her ability to perform daily living activities.

In the AR, the doctor reported the Appellant's ability to manage daily living activities as follows:

- Independent in all areas of basic housekeeping and medications.
- For personal care, needs periodic assistance with dressing, grooming, bathing and toileting – takes significantly longer - 2x, “often neglects 3x/month due to fatigue, chronic pain and depression, forgets to urinate once/day”; is independent feeding herself and regulating her diet; is independent with transfers in/out of bed and on/off a chair – takes significantly longer – 2x, “due to pain and weakness is slower”.
- For shopping, is independent in all areas, but for going to and from stores uses an assistive device and takes significantly longer – 2x, “uses cart with wheels, slower due to pain & fatigue and memory”; and, for carrying purchases home uses an assistive device and takes significantly longer – 2x, “uses cart with wheels”
- For meals, is independent in all areas but all take significantly longer – 2x; for meal planning uses assistive device, “must use lists & reminders; slower”; for food preparation “must take breaks due to fatigue”; for cooking “must take breaks due to pain”; and, for safe storage of food “often forgets to refrigerate food.”
- For paying rent and bills is independent in all areas, but banking takes significantly longer – 2x, “unable to stand in line for more than 5 minutes”.
- For transportation is independent in all areas, but using public transit takes significantly longer – 2x, “unable to stand on bus, very anxious with buses”.
- Adding: “Memory problems severe & inhibiting” and “PTSD, depression, anxiety are very inhibiting”.
- Independently manages all areas of social functioning; has good functioning with her immediate social network; has marginal functioning with her extended social network - after major incident now avoids interacting with neighbors.
- Adding: “PTSD, depression, anxiety are significant barriers to daily activities”; “[Appellant] is often confused, lacking of motivation, problems with language due to losing train of thought, and delusions/flashbacks”; “PTSD related to [major incident] – thinks about it almost daily”.

In the checklist report, the doctor checked the box beside this statement: “[Appellant] is directly and significantly restricted in her ability to do her daily living activities continuously, as a result of the conditions noted above”, referring to a list of the diagnosed conditions. The doctor also checked boxes beside the following statements:

- Dressing/grooming/bathing: directly restricted from personal care 2x per week due to depressed moods and lack of motivation. She experiences anxiety when bathing as she is

afraid of falling or not being able to get out of the bathtub.

- Toileting: direct restrictions due to memory issues. She gets the urge to urinate but will forget and end up rushing to the washroom (1x per day). She experiences accidents 2x per week because of this.
- Feeding self: lack of appetite 2x per week due to depressed moods.
- Transfers on/off bed: takes 2x longer due to pain, weakness and cramps in calves.
- Laundry/housekeeping: significant restrictions due to lack of motivation, pain and depressed moods. These activities get frequently neglected.
- Going to and from the store: significantly restricted from going to and from the store due to pain and fatigue. Takes 3x longer to complete.
- Paying for purchases: direct restrictions with standing in line ups longer than 5 minutes due to pain and fatigue. Supports herself on the counter or shopping cart.
- Carrying purchases home: significantly restricted from lifting, carrying or holding more than 5 lbs. due to pain in shoulders and hands.
- Meal planning: significant restrictions with meal planning on a daily basis due to memory issues. Takes 3x longer to complete.
- Food preparation/cooking: significant restrictions due to lack of motivation, fatigue and pain. Neglects 2 days per week due to lack of appetite.
- Safe storage of food: memory issues 5x per week with putting food away into fridge.
- Banking: significantly restricted from standing in line-ups at the bank longer than 5 minutes due to pain.
- Using public transit: significant restrictions with taking the bus due to anxiety and unable to stand on the bus.

Help with Daily Living Activities

In the PR, the doctor reported that the Appellant requires orthotics for her impairment. In the AR, the doctor wrote that the Appellant uses a cart with wheels to go to and from stores, and to carry purchases home. He also noted that family and friends provide assistance to the Appellant, but gave no details about the type or frequency of such assistance. The doctor also did not complete the sections for assistance provided with assistive devices or assistance provided by an assistance animal. In the checklist report the doctor checked boxes next to the following statements:

- Basic mobility: requires transportation to access the community and would benefit from a cane.
- Climbing stairs: needs railing.
- Lifting/carrying/holding: continuous assistance from son with more than 5 lbs.
- Dressing/grooming/bathing: would benefit from shower grab bar or stool. Needs son or daughter-in-law to be home when she is bathing in case she is unable to get out of the tube or has a fall.
- Toileting: wears menstrual pads on a daily basis, especially if leaving her home.
- Feeding self: encouragement from son to eat 2x per week.
- Laundry/housekeeping: continuous assistance from son.
- Going to and from the store: son goes for her 75% of the time.
- Paying for purchases: uses counter or shopping cart for support when standing in line-ups.
- Carrying purchases home: uses cart on wheels to transport groceries home.
- Meal planning: continuously uses lists and reminders. Needs a timer when cooking.
- Food preparation/ cooking: continuous assistance from son with all meals.

- Safe storage of food: son reminds her to put food away – continuously.
- Using public transit: needs a seat on the bus.

The doctor checked off boxes reporting that the Appellant needs the following assistive devices: cart on wheels, menstrual pads “to catch urine leakage which happens almost daily”, would benefit from a cane, would benefit from shower grab bars or stools.

At the hearing, the Appellant’s advocate submitted oral argument which is summarized in Part F of this decision. He said that the May 2014 checklist report was prepared by another advocate. He also reviewed the doctor’s diagnosis of the Appellant’s medical conditions and how those conditions impact the Appellant’s ability to manage her daily living conditions. The advocate also said that the Appellant had asked him to speak on her behalf. He stated that the Appellant lives with her children and she frequently needs her children to do daily living activities. She is unable to bathe without one of her children present and she needs her son to do most of the shopping; that is, 3 out of 4 trips.

The Appellant said her foot is getting more and more deformed and she would need expensive surgery to fix it, surgery which would involve breaking all the bones in her foot. The Appellant stated that she uses orthotics if she walks far and she uses a cane. She also has a wheeled cart for shopping and she holds on to railings when using stairs.

Pursuant to section 22(4) of the Employment and Assistance Act, the Panel admits the information provided by the Appellant and her advocate at the hearing because it substantiates and therefore is in support of the evidence that the Ministry had at reconsideration.

At the hearing, the Ministry relied on and reaffirmed its reconsideration decision.

PART F – Reasons for Panel Decision

The issue in this appeal is whether the Ministry reasonably determined that the Appellant was not eligible for PWD designation because she did not meet all of the requirements in section 2(2) of the EAPWDA, and specifically, that the Appellant does not have a severe mental or physical impairment that in the opinion of a prescribed professional (i) directly and significantly restricts her ability to perform daily living activities either continuously or periodically for extended periods; and, (ii) as a result of those restrictions she requires help to perform those activities.

The eligibility criteria for PWD designation are set out in the following sections of the EAPWDA:
 2 (2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either (A) continuously, or (B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires (i) an assistive device, (ii) the significant help or supervision of another person, or

(iii) the services of an assistance animal.

The “daily living activities” referred to in EAPWDA section 2(2)(b) are defined in the EAPWDR as:

2 (1) For the purposes of the Act and this regulation, "daily living activities" ,

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

(i) prepare own meals; (ii) manage personal finances; (iii) shop for personal needs; (iv) use public or personal transportation facilities; (v) perform housework to maintain the person's place of residence in acceptable sanitary condition; (vi) move about indoors and outdoors; (vii) perform personal hygiene and self-care; (viii) manage personal medication, and

(b) in relation to a person who has a severe mental impairment, includes the following activities:

(i) make decisions about personal activities, care or finances; (ii) relate to, communicate or interact with others effectively.

Evidentiary Findings

The Appellant's doctor completed the PR and AR parts of the PWD application on January 14, 2014. With her request for reconsideration, the Appellant submitted a checklist report completed by the same doctor on May 24, 2014. This May 2014 form was prepared by an advocate. In that form, rather than allowing the doctor to provide an assessment of the Appellant's impairments with, for example options to choose from or room for comments, the form uses very specific language beside each box. The following is an example: dressing/grooming/bathing: directly restricted from personal care 2x per week due to depressed moods and lack of motivation. Also, there is no information as to whether the doctor saw the Appellant between January 2014 and May 2014 and no explanation from the doctor about some of the discrepancies between the information in the PR and AR, and in the May 2014 report.

The Panel notes that there is some information in the May 2014 report that is consistent with information in the PR and AR. Therefore, where the May 2014 report is consistent with the PR and the AR, the Panel gives the May 2014 report the same weight as the information in the PR and the AR. However, with respect to the sections in the May 2014 report that are not consistent with the PR and the AR, the Panel gives the evidence in the PR and the AR more weight. The Panel will review such evidence under the applicable PWD criteria at issue in this appeal.

The Appellant's advocate submitted that the Appellant's physical and mental conditions are connected and her impairments affect her both mentally and physically. Therefore, the advocate argues that based on the evidence the Ministry unreasonably determined that the Appellant does not have a severe impairment. The Panel notes that section 2(2) of the EAPWDA states that the minister must be satisfied that the person has a severe mental or physical impairment that directly and significantly restricts the person's ability to perform daily living activities. Also, the PWD application forms separate physical and mental impairments for a medical and prescribed professional's assessments. Therefore, the Panel will consider the reasonableness of the Ministry's decision first regarding the Appellant's physical impairment and then her mental impairment.

Severe Physical Impairment

The advocate referred to the doctor's reports regarding the diagnoses of the Appellant's conditions and how those conditions impact the Appellant's functioning. The advocate reviewed the physical functioning limitations reported by the doctor as well as the Appellant's descriptions of how her physical conditions impact her functioning. The advocate also stated that the Appellant lives with her children and relies on them to help her with daily living activities.

In its reconsideration decision, the Ministry reviewed the doctor's reports in the PWD application and determined that the information indicated that functional skill limitations are more in keeping with a moderate degree of impairment. The Ministry also considered the May 2014 report and noted that it is essentially what is in the original application. The Ministry determined that the information provided does not demonstrate either a severe physical impairment or significant restriction in the Appellant's ability to perform daily living activities.

The Panel's Findings

The diagnosis of a medical condition is not in and of itself evidence of the severity of impairment. To satisfy the requirements in section 2(2) of the EAPWDA, evidence of how and the extent to which a medical condition restricts daily functioning must be considered. This includes the evidence from the Appellant and from a prescribed professional regarding the nature of the impairment and its impact on the Appellant's ability to manage the daily living activities listed in section 2(1) of the EAPWDR. As for finding work and/or working, the Panel notes that employability is not a criterion for PWD designation in section 2(2) of the EAPWDA nor is it listed among the prescribed daily living activities in section 2 of the EAPWDR.

The Panel finds that the diagnoses of the Appellant's health conditions in the AR, the PR and the May 2014 report are the same: arthritis of bilateral thumbs, both hips, knees, left shoulder, elbows and knees; and, asplenic. In the May 2014 report, the doctor added urinary incontinence. In the PR, the doctor also noted that the Appellant has chronic pain in her shoulder, hips, back knees which is currently controlled with medication. The Panel finds that the descriptions of the Appellant's physical

functioning skills in the PR, the AR and the May 2014 report are consistent. For example, the reports indicate that the Appellant is restricted to walking 1-2 blocks, takes significantly longer going up the stairs and takes significantly longer with lifting things. The Appellant described similar limitations, including increased difficulty with walking because of her foot and hips.

Although the doctor noted limitations in the Appellant's physical and mobility abilities in the AR, he also reported that she is independent in all areas of physical and mobility abilities. She does use assistive devices, which the Appellant said was a cane and orthotics. In addition, in the AR the doctor indicated that the Appellant is independent in daily living activities requiring physical abilities, such as basic housekeeping, in most areas of shopping and with respect to meals, although she takes significantly longer with some activities, such as meal preparation and cooking due to fatigue and pain. In the AR and the May 2014 report, the Appellant is described as taking significantly longer with transfers on/off a bed, but in the AR the doctor describes the Appellant as independently able to manage this part of personal care as well as transfers in/out of a chair. Therefore, when all of the evidence is considered, the Panel finds that the Ministry reasonably determined that the information provided does not demonstrate a severe physical impairment.

Severe Mental Impairment

The Appellant's advocate submitted that the Appellant's mental health conditions are not separate from her physical conditions, and therefore, the combination of her conditions and their effects on her functioning amounts to a severe impairment. The advocate reviewed the diagnoses provided by the doctor and the doctor's reports about how PTSD, depression and anxiety impact the Appellant's ability to function, including experiencing a lack of motivation, poor concentration and short term memory issues.

The Ministry indicated that it reviewed the information provided, including the doctor's diagnoses and his reports of deficits to the Appellant's cognitive and emotional functioning, the Appellant's ability to manage personal care and finances and her ability to function socially. Based on the information provided, the Ministry was not satisfied that the information established a severe mental impairment.

The Panel's Findings

The doctor described the Appellant's conditions as PTSD and a memory/learning disability. In the PR, he reported major impacts in the areas of sleep disturbance, emotion, attention/concentration, memory and motivation, as well as moderate impact in language and minimal impact from delusions/flashbacks. The same information is reported in the 2014 report, except for moderate impact for delusions/flashbacks. Other information in the May 2014 report is generally the same as in the PR and the AR; for example, in the doctor's description of the Appellant's restrictions with managing personal care and meals. However, that May 2014 report differs in describing how the Appellant manages laundry/housekeeping, stating that she has significant restrictions due to lack of motivation, pain and depressed moods with no reasons given for this change from the earlier reports. For the reasons stated earlier, the Panel gives less weight to the information in the May 2014 report which differs from the PR and the AR.

In the AR, the doctor wrote that PTSD, depression and anxiety are significant barriers to daily activities and that the Appellant is often confused and lacking in motivation. The Appellant described her disability as short term memory loss. However, in the AR, the doctor also indicates that the

Appellant independently manages areas of daily living activities which would be impacted by a mental impairment, such as, making shopping choices, meal planning, safe storage of food, paying rent and bills, medications and all aspects of social functioning. Some activities take significantly longer, such as meal planning, but the Appellant nevertheless functions independently. Therefore, based on all of the evidence provided, the Panel finds that the Ministry reasonably determined that the information did not establish a severe mental impairment.

Restrictions to Daily Living Activities

The Appellant's advocate submitted that the Appellant's severe impairment restricts her ability to manage daily living activities as reported by her doctor, especially in the May 2014 report. The advocate also submitted that the Appellant lives with her children and frequently needs them to help with daily living activities.

The Ministry determined that because the majority of daily activities are performed independently or require little help from others, the information from the prescribed profession does not establish that the Appellant's impairment significantly restricts daily living activities either continuously or periodically for extended periods.

The Panel's Findings

Section 2(2)(b) of the EAPWDA requires a prescribed professional to provide an opinion that the Appellant's severe physical or mental impairment directly and significantly restricts her daily living activities, continuously or periodically for extended periods. Daily living activities are defined in section 2(1) of the EAPWDR, and are also listed in the PR and in the AR. In this case the Appellant's doctor is the prescribed professional.

In the May 2014 report, the doctor checked the box beside the following statement: [The Appellant] is directly and significantly restricted in her ability to do her daily living activities continuously, as a result of the conditions noted above [referring to the Appellant's conditions]. The Panel finds that this statement, which paraphrases the PWD legislation, is not consistent with the doctor's reports in the PWD application. The doctor provided no explanation for this statement or why there is a difference between this and the information in the application. Therefore, the Panel gives this May 2014 statement little weight. With respect to the rest of the May 2014 report, the information about the Appellant's ability to manage daily living activities is generally consistent with the AR; for example, with respect to personal care, meals and shopping. Where there are differences, such as restrictions noted for laundry/basic housekeeping, the Panel gives more weight to the AR information.

In the PR, the doctor reported that the Appellant has not been prescribed any medication and/or treatments that interfere with her ability to perform daily living activities. In the AR, the doctor indicated that the Appellant independently manages all areas of basic housekeeping, shopping, meals, paying rent and bills, medications, transportation and social functioning, although some of these activities take significantly longer, such as meal planning and preparation. Only for personal care does the Appellant need periodic assistance and that is with dressing, grooming, bathing and toileting. Thus, the Panel finds that the Ministry reasonably determined that the evidence from the doctor demonstrates that the Appellant manages the majority of her daily living activities independently. Therefore, the Panel further finds that the Ministry reasonably determined that the information from the prescribed professional does not establish that the Appellant's impairments

directly and significantly restrict her daily living activities, either continuously or periodically for extended periods.

Help with Daily Living Activities

The Appellant's advocate submitted that the Appellant's children live with her and help her with daily living activities. She also uses a cane and orthotics for her disability.

The Ministry's position is that because the evidence does not establish that daily living activities are significantly restricted, it cannot determine that significant help is required from other persons.

The Panel's Findings

Section 2(2)(b)(ii) of the EAPWDA also requires the opinion of a prescribed professional confirming that because of direct and significant restrictions in her ability to manage daily living activities, the Appellant requires help with those activities. Section 3 of the EAPWDA states that for the purposes of section 2(2) of the EAPWDA, a person requires help in relation to a daily living activity if, in order to perform it, the person requires an assistive device, the significant help or supervision of another person or the services of an assistance animal.

In the May 2014 report, there is information that someone needs to be home when the Appellant is bathing and that her son goes to the store for her 75% of the time. There is also a check mark beside the box stating that for laundry/housekeeping there is continuous assistance from the son. This information is not consistent with what the doctor reported in the AR and as noted earlier there is no explanation for the change. Therefore, the Panel gives this part of the May 2014 report little weight.

In the AR, the doctor reported that the Appellant does not use an assistance animal. He did report that she uses assistive devices for walking, which the Appellant said was a cane and her orthotics. In the AR, the doctor also noted that the Appellant gets assistance from family and friends, but he provided no details about the type or frequency of such help.

Based on the evidence from the doctor and because the Ministry reasonably determined that the evidence does not establish that daily living activities are directly and significantly restricted either continuously or periodically for extended periods, the Panel finds that the Ministry reasonably found that the requirements in section 2(2)(b)(ii) were not met.

Conclusion

Having reviewed and considered all of the evidence and the relevant legislation, the Panel finds that the Ministry's reconsideration decision, which determined that the Appellant was not eligible for PWD designation, was reasonably supported by the evidence. Therefore the Panel confirms that decision.