

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development and Social Innovation (the ministry) reconsideration decision dated July 11, 2014 which found that the appellant did not meet three of the five statutory requirements of Section 2 of the *Employment and Assistance for Persons with Disabilities Act* for designation as a person with disabilities (PWD). The ministry found that the appellant met the age requirement and that her impairment is likely to continue for at least two years. However, the ministry was not satisfied that the evidence establishes that:

- the appellant has a severe physical or mental impairment;
- the appellant's daily living activities (DLA) are, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods; and,
- as a result of these restrictions, the appellant requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (EAPWDA), Section 2

Employment and Assistance for Persons with Disabilities Regulation (EAPWDR), Section 2

PART E – Summary of Facts

The evidence before the ministry at the time of the reconsideration decision included the Person With Disabilities (PWD) Application comprised of the applicant information and self-report dated January 30, 2014, a physician report (PR) dated February 3, 2014 completed by a general practitioner who has known the appellant for approximately 1 ½ years and an assessor report (AR) dated February 24, 2014, completed by a neurologist who has known the appellant for approximately 10 months.

The evidence also included the following:

- 1) Letter dated July 9, 2014 from a specialist in internal medicine and adult stroke neurology 'To whom it may concern'; and,
- 2) Request for Reconsideration dated June 4, 2014.

Diagnoses

In the PR, the appellant was diagnosed by the medical practitioner with epilepsy with onset in June 2005.

Physical Impairment

In the PR, the appellant's physician reported that:

- In terms of health history, the appellant reported that she gets seizures (grand mal) 2 to 3 nights per week. Her seizures are not controlled by medication. She continues to see the neurologist. She reports that she feels weak and tired post nocturnal seizures and has difficulty remembering most things after her seizures.
- The appellant does not require an aid for her impairment.
- In terms of functional skills, the appellant is able to walk 4 or more blocks unaided on a flat surface, climb 5 or more steps unaided, and has no limitation with lifting or the time she can remain seated.

In the AR, the appellant's neurologist indicated that:

- Regarding the assistance required relating to impairment that directly restrict the appellant's ability to manage walking indoors and outdoors, climbing stairs, standing, lifting, and carrying and holding, the neurologist noted "no."
- In the section of the AR relating to assistance provided through the use of assistive devices, none of the listed items have been indicated by the neurologist.

In her self-report, the appellant wrote that:

- She was diagnosed with epilepsy in 2006 and it has affected her life in many ways.
- She has at least 3 seizures per week and they are grand mal. She wakes up with a severe headache and blood covering her face and pillow from either biting her tongue or from clawing her face.
- The days after her seizures are very hard on her. She is sluggish with little to no energy. It is hard for her to concentrate or understand anything.
- She has young children and it is hard to do anything with them. She is worried that she might have a seizure and her children would not know what to do and something could happen to them.
- Her mother stays with her one week out of the month and her sister stays with her another week out of the month.
- Her continuous seizures have made her memory very poor. This makes it hard to get a job.

- Her seizures leave her feeling tired, sore and miserable throughout the days which makes it hard to engage in any activities with her children.
- She also has times throughout the days that she “zones out”. It has happened most of her life and people around her usually have to snap her out of it.
- When she misses a dose of her medication, she will always have a seizure. It happens mostly through the day because of her missed morning medication.

In the letter dated July 9, 2014, the specialist in internal medicine and adult stroke neurology wrote:

- The appellant was seen in follow-up regarding her seizure disorder diagnosed more than 8 years ago.
- The appellant is recently getting recurrent breakthrough generalized tonic-clonic seizures despite being on medication, which is interfering with her daily living activities and limiting her ability to drive or work in a full-time job.

Mental Impairment

In the PR, the appellant's physician reported that:

- The appellant has no difficulties with communication.
- There are significant deficits with the appellant's cognitive and emotional function in the areas of executive (“post seizures”), and memory (“post seizures”), with a comment added: “patient says she forgets when and how to do things post seizures as her memory is poor.”
- The appellant is not restricted with her social functioning.

In the AR, the neurologist indicated that:

- Regarding her ability to communication, the neurologist wrote: “no communication difficulty.”
- There is an impact in 2 of 14 listed areas of cognitive and emotional functioning, namely a moderate impact in the area of emotion and a minimal impact with psychotic symptoms. The neurologist wrote: “anxious mood”; “has had occasional hallucinations.”
- There is no assessment provided for the 5 aspects of social functioning or her level of functioning with her immediate or extended social networks.
- For additional comments: “Anxious lady lives by herself. We believe mother is moving to help her.”

In her self-report, the appellant wrote that:

- The days after her seizures are very hard on her. It is hard for her to concentrate or to understand anything.
- Her continuous seizures have made her memory very poor.

Daily Living Activities (DLA)

In the PR, the physician indicated that:

- The appellant has been prescribed medications that interfere with her daily living activities as they “may cause drowsiness.”
- The appellant is periodically restricted with management of her medications “post seizures.” Regarding the degree of restriction, the general practitioner wrote: “tired and forgetful post seizures.”
- The appellant is not restricted with the remaining listed DLA, namely: personal self care, meal preparation, basic housework, daily shopping, mobility inside and outside the home, use of transportation, management of finances, and social functioning.

In the AR, the neurologist reported that:

- The appellant requires no assistance with moving about indoors and outdoors.
- Regarding the assistance required relating to impairment that directly restrict the appellant's ability to manage in tasks of various listed DLA, the neurologist wrote "no" at the beginning of this section.
- There is no assistance required with the DLA of personal care, basic housekeeping or shopping, with the comment added: "Needs to be supervised for bathing and other activities because of seizures. No limitations otherwise."
- There is no assessment for the assistance required with the DLA of meals, paying rent and bills, medications, and transportation, with the comment added: "Needs supervision for activities. No major cognition deficits."

In her self-report, the appellant wrote that:

- Her family has to remind her to take her medications as she is always forgetting.
- It is hard for her to get a job as she misunderstands questions during interviews and she is unsure of how to reply. She has to have things repeated to her as she does not understand.
- She often arrives late to appointments because she forgets where she is going or she does not remember directions.
- She is always forgetting to pay bills and she has trouble handling money as she is not good at how to plan.

In the letter dated July 9, 2014, the specialist in internal medicine and adult stroke neurology wrote:

- Recently the appellant is getting recurrent breakthrough generalized tonic-clonic seizures despite being on medication which is interfering with her DLA and limiting her ability to drive or work in a full-time job.

Need for Help

The physician reported in the PR that:

- Regarding the assistance needed with DLA, she "needs reminders to take medications. This is usually done by her family members."

The neurologist reported in the AR that:

- In the section of the report indicating assistance provided by other people or through the use of assistive devices, the physician did not indicate that anyone provides assistance or that devices are used.

In her Notice of Appeal dated July 17, 2014, the appellant expressed her disagreement with the ministry's reconsideration decision and wrote that this is her third time applying for disability and she has had to switch neurologists twice due to communication barriers. She feels as though her disability is not taken seriously. She suffers daily with normal living activities which is causing her a lot of stress and depression. She is unable to get a job due to her disability.

At the hearing, the appellant and her advocate stated:

- The appellant experiences 2 to 3 seizures per week where she has a loss of consciousness and violent muscle contractions. She claws at her face and wakes up with blood on her face.
- For days following her seizures, the appellant cannot do anything. She needs information

repeated because she forgets and she becomes easily confused.

- The appellant is also extremely fatigued with a loss of motivation, as set out in her self-report included with the PWD application.
- The persistence of her seizures has led to anxiety and depression, and the appellant is afraid about when she will have her next debilitating seizure. Her young children have lost a mother free of anxiety.
- After she has a seizure, the appellant cannot engage in any physical activity. She cannot walk more than 2 blocks and she cannot climb any stairs and she cannot even eat. If she tries to climb stairs, she starts to feel "awful" and she cannot do it.
- The appellant receives help from her mother who comes to stay with her for one week each month. She will do those activities of daily living that the appellant cannot perform.
- The appellant's sister also helps her with the laundry and housekeeping, meal preparation, paying bills, filling her prescriptions and with general transportation.
- She has a friend who also has young children and she will help when the appellant's mother or sister are not available. She takes the appellant's children and does things with them.
- When she has had a seizure in the night, the appellant will often wake up with a severe headache. Her seizures are mostly just at night but they have now gradually moved into the daytime too.
- When she was diagnosed, it was very rare to get a seizure during the day, but now if she is anxious she can have one during the day. The sun can make it worse as well.
- More recently, since February 2014, she has been having 3 or 4 seizures during the week.
- On the days that she is feeling well, she can go out and do things. She usually walks places or she will take the bus or a cab.
- The appellant stated that it can take a day or two to recover from a seizure. Asked to estimate, the appellant stated that she experiences the impact from a seizure about half of the time over a period of a month.
- She feels that the neurologist who completed the AR did not understand what she was saying. There was a communication problem. She has had one appointment with her new physician, who wrote the letter dated July 9, 2014. He has changed her medications to try to control her seizures.
- When the neurologist completed the AR, he asked her some questions and took notes but filled out the report later. He sent the AR directly to the ministry and she did not have an opportunity to review the AR, which appears to have been an assessment of her functioning on one of her good days.

Admissibility of New Information

The ministry did not raise an objection to the admissibility of the information in the oral testimony on behalf of the appellant, which provided additional information regarding the appellant's impairment. As this information provides additional detail with respect to issues addressed in the original PWD application, the panel has admitted this additional information as being in support of information and records that were before the ministry at the time of reconsideration, in accordance with s. 22(4) of the *Employment and Assistance Act*.

The ministry relied on its reconsideration decision, as summarized at the hearing.

PART F – Reasons for Panel Decision

The issue on the appeal is whether the ministry's reconsideration decision, which found that the appellant is not eligible for designation as a person with disabilities (PWD), was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. The ministry found that the appellant does not have a severe mental or physical impairment and that her daily living activities (DLA) are not, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods and that, as a result of those restrictions, it could not be determined that the appellant requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

The criteria for being designated as a person with disabilities (PWD) are set out in Section 2 of the EAPWDA as follows:

Persons with disabilities

2 (1) In this section:

"**assistive device**" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"**daily living activity**" has the prescribed meaning;

"**prescribed professional**" has the prescribed meaning.

(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.

(4) The minister may rescind a designation under subsection (2).

Section 2(1)(a) of the EAPWDR defines DLA for a person who has a severe physical or mental impairment as follows:

Definitions for Act

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.

Severe Physical Impairment

The appellant's position is that a severe physical impairment is established by the evidence of her weakness and fatigue after seizures due to epilepsy. The appellant's advocate argued that there is no definition of "severe" in the legislation and the interpretation taken by the ministry in the appellant's circumstances is not reasonable given the debilitating nature of her persistent seizures.

The ministry's position is that there is not enough information from the general practitioner and neurologist to confirm that the appellant has a severe physical impairment. The ministry argued that, in terms of functional assessment, the general practitioner indicated that the appellant can walk 4 or more blocks unaided, climb 5 or more stairs unaided, and she has no limitations with lifting or being able to remain seated. The ministry argued that the neurologist also reported that no assistance is required with the appellant's mobility and physical abilities. The ministry argued that, although the specialist in internal medicine wrote that the appellant's seizures limit her ability to work in a full-time job, the application is not intended to assess employability or vocational abilities as employability is not an eligible criterion for designation as a PWD.

Panel Decision

A diagnosis of a serious medical condition does not in itself determine PWD eligibility or establish a "severe" impairment. An "impairment" is a medical condition that results in restrictions to a person's ability to function independently or effectively.

To assess the severity of an impairment, the ministry must consider both the nature of the impairment and the extent of its impact on daily functioning as evidenced by functional skill limitations and the degree to which performing DLA is restricted. In making its determination the ministry must consider all the relevant evidence, including that of the appellant. However, the legislation is clear that the fundamental basis for the analysis is the evidence from a prescribed professional – in this case, the appellant's physician, her neurologist and the specialist.

The physician, who has known the appellant for a period of 1 ½ years, diagnosed the appellant with epilepsy with onset in June 2005. The physician wrote that that appellant reported that she gets grand mal seizures 2 to 3 nights per week and that she feels weak and tired post nocturnal seizures and has difficulty remembering most things after her seizures. In terms of physical functional skills, the physician reported that the appellant is able to walk 4 or more blocks unaided on a flat surface, climb 5 or more steps unaided, and has no limitation with lifting or the time she can remain seated. At the hearing, the appellant stated that the report of her physical functioning is accurate for her good

days, but the morning after her seizure she is not able to walk more than 2 blocks and she cannot climb any stairs. However, the panel notes that the physician has specified restrictions elsewhere in the PR and identified them as "post seizure." With respect to restrictions to DLA, for example, the physician indicated that the appellant has no restrictions with either mobility inside or outside the home and, for the one DLA for which the appellant experiences periodic restrictions (management of medications), the physician wrote "post seizures." In the AR, asked to indicate the assistance required related to impairment that directly restrict the appellant's ability to manage walking indoors and outdoors, climbing stairs, standing, lifting, and carrying and holding, the neurologist wrote: "no."

At the hearing, the appellant stated that when she was diagnosed, it was very rare to get a seizure during the day, but now if she is anxious she can have one during the day and, since February 2014, she has been having 3 or 4 seizures per week. In the letter dated July 9, 2014, the specialist in internal medicine and adult stroke neurology wrote that recently the appellant is getting recurrent breakthrough generalized tonic-clonic seizures despite being on medication, which is interfering with her DLA and limiting her ability to drive or work in a full-time job. In her self-report, the appellant wrote that her continuous seizures have made her memory very poor and this makes it hard to get a job. For an impairment to be a "severe impairment," section 2(2) of the EAPWDA requires that the ministry must be satisfied that the evidence demonstrates significant restrictions in the person's ability to perform specified areas of daily functioning (DLA). As the ability to search for, accept or continue in employment is not listed as one of the prescribed DLA in subsection 2(1)(a) of the EAPWDR, the panel finds that the ministry reasonably held that employability is not a factor in assessing eligibility for PWD designation.

The appellant stated at the hearing that she suffers from the affects of the seizures about half the time, over a period of a month. The panel finds that the evidence demonstrates that both her family doctor and her neurologist report no limitations to her mobility or physical abilities. The updated information from the appellant's new specialist, as set out in the letter dated July 9, 2014, indicates interference with her DLA that is not specified and limitations to the appellant's ability to drive and to work in a full-time job. In the absence of further detail from the medical practitioners regarding the nature, extent and frequency of impacts to the appellant's current physical functioning, the panel finds that the ministry reasonably determined that there is not sufficient evidence to establish that the appellant has a severe physical impairment, pursuant to section 2(2) of the EAPWDA.

Severe Mental Impairment

The appellant's position is that a severe mental impairment is established by the evidence of her persistent seizures causing loss of concentration and poor memory. The appellant argued in her Notice of Appeal that she suffers daily with [performing] normal living activities, which is causing her a lot of stress and depression. The appellant's advocate argued that there is no definition of "severe" in the legislation and the interpretation taken by the ministry in the appellant's circumstances is not reasonable given the debilitating nature of her persistent seizures and the resulting anxiety caused to the appellant.

The ministry's position is that there is insufficient evidence to establish that the appellant has a severe mental impairment. The ministry argued that the physician indicated that the appellant has deficits with cognitive and emotional functioning in the areas of executive and memory post seizures and, in assessing the impacts on daily functioning, the neurologist reported a moderate impact in the area of emotion and minimal impact to psychotic symptoms. The ministry argued that there are no

impacts indicated to the remainder of the appellant's cognitive and emotional functioning. The ministry argued that the physician and the neurologist also indicated that the appellant has no difficulties with communication.

Panel Decision

In the PR, the general practitioner reported that the appellant experiences seizures as a result of epilepsy, which is a health condition with impacts to both physical and mental functioning. The general practitioner reported that the appellant has no difficulties with communication and, in the AR, the neurologist wrote: "no communication difficulty." The general practitioner reported a significant deficit with cognitive and emotional function in the areas of executive and memory, emphasizing that this is "post seizures" and noting: "patient says she forgets when and how to do things post seizures as her memory is poor." In her self-report, the appellant wrote that the days after her seizures are very hard on her. It is hard for her to concentrate or to understand anything and her memory is very poor. The section of the AR describing impacts to cognitive and emotional functioning is check-marked by the neurologist with a moderate impact in the area of emotion (e.g. excessive or inappropriate anxiety, depression, etc.), a minimal impact to psychotic symptoms ("has had occasional hallucinations") and no impact assessed to the other 12 areas of functioning, including the areas of executive and memory.

In the letter dated July 9, 2014, the specialist in internal medicine wrote that the generalized tonic-clonic seizures are interfering with the appellant's DLA and limiting her ability to drive or work in a full-time job. Again, the panel finds that the ministry reasonably held that employability is not a factor in assessing eligibility for PWD designation and the specialist has not provided detail of the DLA that are impacted by the appellant's seizures. With respect to the two DLA that are specific to mental impairment – make decisions about personal activities, care or finances (decision making), and relate to, communicate or interact with others effectively (social functioning), the medical evidence indicates that the appellant is not significantly restricted in either.

With respect to decision making, the general practitioner reported in the PR that the appellant is not restricted with managing her finances although there are periodic restrictions to managing her medications as she is "tired and forgetful post seizures" and she "needs reminders to take medications." The neurologist did not assess the decision-making components of the DLA of daily shopping (making appropriate choices), meal preparation (meal planning and food storage) and transportation (using transit schedules and arranging transportation), but he wrote in the AR that the appellant "needs supervision for activities", that there are "no major cognition deficits" and "no limitations otherwise." The neurologist referred to bathing as an activity for which the appellant requires supervision, but did not specify any other activities. Also, the general practitioner reported in the PR that the appellant is not restricted with daily shopping, meal preparation, or use of transportation. Regarding the DLA of social functioning, the general practitioner reported that the appellant is not restricted and she has no difficulties with communication. Given the absence of reported impacts to the appellant's mental or social functioning, the panel finds that the ministry reasonably determined that a severe mental impairment was not established under section 2(2) of the EAPWDA.

Restrictions in the ability to perform DLA

The appellant's position is that her physical and mental impairments directly and significantly restrict her ability to perform DLA on an ongoing basis to the extent that she requires the significant

assistance of another person, namely her mother and sister and a friend. The appellant's advocate argued that the legislation does not require evidence that there are restrictions to all DLA but, rather, to some DLA. The advocate argued that it is not clear that the "no" appearing in the section of the AR relating to assistance required with tasks of DLA was meant to apply to all of even some of the listed tasks given the neurologist's other comments. The advocate argued that the appellant has confirmed that there are restrictions to her ability to do laundry, housekeeping, meal preparation, paying bills, filling prescriptions and managing transportation. The advocate pointed to the July 9, 2014 letter from the specialist which states that the appellant's seizures interfere with her DLA.

The ministry's position is that the appellant's physician indicated that she is not restricted in a majority of her DLA and, for the periodic assistance required for management of her medications, there is no indication of how often assistance is required. The ministry argued that the neurologist reported that assistance is not required with DLA but supervision is required for bathing and "other" non-specified activities. The ministry argued that the neurologist does not indicate if the appellant requires assistance with her social functioning. The ministry argued that although the specialist wrote in his letter that the appellant's seizures interfere with her ability to perform DLA, there is no information provided on which DLA are affected or if they are affected either continuously or periodically for extended periods.

Panel Decision

Section 2(2)(b) of the EAPWDA requires that a prescribed professional provide an opinion that an applicant's severe impairment directly and significantly restricts her DLA, continuously or periodically for extended periods. In this case, the general practitioner, the neurologist, and the specialist are the prescribed professionals. DLA are defined in section 2(1) of the EAPWDR and are also listed in the PR and, with additional details, in the AR. Therefore, a prescribed professional completing these forms has the opportunity to indicate which, if any, DLA are significantly restricted by the appellant's impairments continuously or periodically for extended periods.

In the appellant's circumstances, the general practitioner reported in the PR that the appellant is not restricted with most of her DLA, namely: personal self care, meal preparation, basic housework, daily shopping, mobility inside and outside the home, use of transportation, management of finances, and social functioning. While the appellant is periodically restricted with management of medications, this is described by the general practitioner as: "tired and forgetful post seizures", "needs reminders to take medications." Other than writing in the health history that the appellant experiences seizures 2 to 3 nights per week, the general practitioner has not specified the frequency of the reminders required by her family. The general practitioner also reported that the appellant has been prescribed medications that interfere with her daily living activities as they "may cause drowsiness."

According to Section 2(3) of the EAPWDA, a person requires help in relation to a daily living activity if, in order to perform it, the person requires, among other things, "the significant help or supervision of another person." The neurologist did not assess the appellant's functioning with respect to particular tasks of DLA but wrote that she requires supervision for bathing and "other activities" and that she has "no limitation otherwise." Given that the neurologist also wrote "no" at the beginning of the section of the AR relating to the assistance required in tasks of various DLA, the panel finds that the evidence of the neurologist is not clear regarding the nature, extent or frequency of any restrictions to the appellant's DLA.

In her self-report, the appellant wrote that her family has to remind her to take her medications as she

is always forgetting. She forgets to pay bills and she has trouble handling money as she is not good at how to plan. At the hearing, the appellant stated that on a "bad day" post-seizure, she cannot walk more than 2 blocks. The appellant also stated that her mother and sister help her with the laundry and housekeeping, meal preparation, paying bills, filling her prescriptions and with general transportation. While the appellant stated that her condition has worsened since February 2014 as she is now experiencing seizures during the day and the frequency has increased, her new specialist, as a prescribed professional, did not define the extent of the restrictions to particular DLA, although given an opportunity to do so in his July 9, 2014 letter. The panel finds that the ministry reasonably concluded that there is not enough evidence from the prescribed professionals to establish that the appellant's impairment significantly restricts her ability to manage her DLA either continuously or periodically for extended periods, thereby not satisfying the legislative criterion of section 2(2)(b)(i) of the EAPWDA.

Help to perform DLA

The appellant's position is that she requires the significant assistance of another person to perform DLA.

The ministry's position is that because it has not been established that DLA are significantly restricted, it cannot be determined that significant help is required. The ministry argued that no assistance devices or the services of an assistance animal are required.

Panel Decision

Section 2(2)(b)(ii) of the EAPWDA requires that, as a result of direct and significant restrictions in the ability to perform DLA, a person requires help to perform those activities. Help is defined in subsection (3) as the requirement for an assistive device, the significant help or supervision of another person, or the services of an assistance animal in order to perform a DLA.

The physician reported in the PR that the appellant requires assistance in "reminders to take medications" and that "this is usually done by her family members." The neurologist did not indicate in the AR that anyone provides assistance or that any devices are used. The panel finds that the ministry reasonably determined that as direct and significant restrictions in the appellant's ability to perform DLA have not been established, it cannot be determined that the appellant requires help to perform DLA as a result of those restrictions, as defined by section 2(3)(b) of the EAPWDA.

Conclusion

Having reviewed and considered all of the evidence and 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, and therefore confirms the decision.