



**PART C – Decision under Appeal**

The decision under appeal is the Ministry of Social Development and Social Innovation (the “ministry”) reconsideration decision of July 21, 2014, which found that the appellant did not meet three of five statutory requirements of section 2 of the Employment and Assistance for Persons With Disabilities Act (“EAPWDA”) for designation as a person with disabilities (“PWD”). The ministry found that the appellant met the age requirement and that in the opinion of medical practitioner the appellant’s 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 that
- as a result of those restrictions, the appellant requires the significant help or supervision of another person, an assistive device, or the services of an assistance animal.

**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 information before the ministry at the time of reconsideration included the following:

1. The appellant's application for designation as a PWD dated October 13, 2013 which included a self-report (SR).
2. A physician's report (PR) dated December 27, 2013.
3. An assessor's report (AR) completed by the same physician dated December 27, 2013.
4. A prescription note from the appellant's physician indicating that he is unable to independently care for his twin daughters at home due to a chronic medical condition.
5. A medical report from a Rheumatology & Osteoporosis specialist dated May 28, 2013.
6. The appellant's Request for Reconsideration dated June 27, 2014.

In the Notice of Appeal dated August 8, 2014, the appellant wrote that he has spoken to his physician who agrees that his disability is severe and will continue to get worse, the longer it is left.

### Diagnosis

In the PR, the physician – who has seen the appellant 2 - 10 times in the last 12 months and has been his physician for 4 years - diagnosed the appellant with Ankylosing Spondylitis, Mechanical Neck and Back pain and Severe Dental Caries.

Under Health History, the physician indicated that the appellant had been involved in a motor vehicle accident (MVA), 2009 - rear-ended, and has had persistent pain since the accident. Despite physical therapy and work conditioning program, the physician reported features of mechanical neck and low back pain. Other developed features reported by the physician are; inflammatory arthritis, sacroiliac joints and lumbar/spine – sacroiliitis and ankylosing spondylitis. The cumulative effect of the 2 conditions has resulted in a severe impairment.

In response to the question; Has the applicant been prescribed any medication and/or treatments that interfere with his ability to perform DLA? The physician indicated no.

In response to the question; Does the applicant require any prostheses or aids for his impairment? The physician indicated no.

In the AR, the physician noted that lower back stiffness, restricted movements and painful movements impact the appellant's ability to manage Daily Living Activities.

In the medical report, the Rheumatology & Osteoporosis specialist reported that the appellant's back is worse, he is stiff for a few hours in the morning, has not had gel phenomenon, has occasional pyrosis, and has not had bleeding or symptoms of IBD. Further stated was that the appellant had a full range of motion of his joints, did not have synovitis and has tried multiple anti-inflammatories with insufficient symptomatic relief. The next step would be biological therapy, however as the appellant has multiple dental caries; to add a biologic agent until his teeth are fixed, he would be at risk of significant dental infection.

### Physical Impairment

- In terms of Functional Skills, the physician reported that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, lifting is unknown, and has no limitation to remain seated. No difficulties with communication were noted.
- In the AR, under Mobility and Physical Ability, the physician noted that the appellant requires periodic assistance from another person with respect to walking indoors, walking outdoors, climbing stairs and

standing and that he needs continuous assistance from another person or is unable with lifting carrying and holding. Explanations noted are that the appellant has a slower gait in the mornings due to stiffness and that he will support himself with whatever he can hold on to - rails, chairs and walls during sustained standing. His symptoms are worse in the morning – stiffness/pain requires someone else to help with any lifting, carrying and holding.

- In the SR, the appellant stated that he has continuous back pain between the hips which causes some neck pain and headaches and also causes his legs to go numb followed by a pins and needles feeling. It is hard for him to bend over and sometimes he can't bend at all. The appellant indicated that he is unable to walk for long periods of time and if he does, it takes longer than it used to. The pills that the appellant takes make him feel sick all the time and give him dizzy spells to the point that he breaks out in sweats and almost passes out. Carrying things also causes the appellant pain.

### **Mental Impairment**

- In the PR, the physician indicated that the appellant has no significant deficits with cognitive and emotional function.
- The two sections in the AR that are to be completed only for applicants with an identified mental impairment or brain injury were not completed.
- The appellant's ability to communicate was indicated as good with speaking and hearing, satisfactory with reading and poor with writing, noting that he has achieved a grade 9 education.

### **Daily Living Activities**

In the AR, the physician indicated that the appellant:

Under Personal Care - requires continuous assistance from another person or is unable to manage ( wife helps put on pants, socks and shoes, tends to foot care and cutting nails); dressing, grooming, bathing, toileting (grab bars required), while feeding self and regulate diet, he is independent and requires periodic assistance for transfers in/out of bed and transfers on/off chair. Under Basic Housekeeping, - requires continuous assistance in both aspects; laundry and basic housekeeping. Under Shopping - independently manages reading prices and labels, making appropriate choices and paying for purchases; he requires periodic assistance for going to and from stores (walking difficulties) and requires continuous assistance for carrying purchases home (wife often helps). Under Meals - independently manages meal planning and safe storage of food whereas he requires continuous assistance with food preparation and cooking, taking significantly longer than typical when he has to do it. Under Pay Rent and Bills - independently manages all 3 aspects of DLA; banking, budgeting and paying rent and bills. Under Medications - independently manages all 3 aspects of DLA; filling/refilling prescriptions, taking as directed and safe handling. Under transportation - independently manages using transit schedules and arranging transportation (will get rides from friends and family as needed) and requires continuous assistance getting in and out of a vehicle. He does not use public transit.

In the SR, the appellant states that sometimes his wife has to help him get out of bed, get dressed and put his socks on as it is hard for him to bend over. When going to the bathroom, his legs will go numb so he can't get up at all and often has to use the sink or door handle to push himself up. He is unable to do laundry, house cleaning – vacuuming - sweeping - cleaning bathroom and when attempts to do dishes - needs to sit every couple of minutes and when he gets back up it causes too much pain to do them. He is unable to carry groceries home or even from the car to the house. The appellant stated that he doesn't drive when he is having a bad day because of fear that he will pass out and cause an accident.

### **Help Required with DLA**

- In the AR, it is noted that the appellant requires help with activities that require bending and lifting and due to stiffness, he takes approximately 3X longer than average. Also, specified under toileting aids are "grab bars" that the appellant could routinely use to help compensate for his impairment. The appellant

is noted not to have an Assistance Animal.

- In the SR, the appellant stated that he relies on family and friends, a lot.

### **Oral Testimony**

At the hearing, the appellant testified that he is doing follow-ups and is pursuing this appeal in order to get treatment. He further stated that he has been asking for help for 8 months and is progressively getting worse. In response to a question, the appellant indicated that he has undergone physiotherapy and had back to work rehabilitation and until he gets his teeth fixed, which he can't afford, he cannot be considered for other treatments such as bio- injections. When asked by the panel, the appellant stated that these treatments were completed before he applied for PWD designation. In regards to the bio- injections, the appellant stated that this is a new treatment which costs about \$20,000. He stated that his limitations consisted of bending, twisting and lifting anything heavy, getting up, if he can sit down and getting in and out of a vehicle. For medication he is prescribed naproxen and takes Tylenol arthritis and buys other over the counter medication. He indicates that his wife can't return to work because he can't be left alone with his 9 month old twin daughters. When asked to describe his day and how often he requires help to get out of bed, the appellant responded that he requires help for one activity or the other 50 percent of the time. Every 2nd day, he requires help with DLA. The appellant stated that he walks daily about 1/2 block each way.

The ministry representative testified that the appellant was covered by insurance and would be entitled to up to 10 treatments of physiotherapy a year and more if his physician requests, at no charge. In addition the ministry representative stated that the appellant can receive dental treatment for pain which he would have as it was determined that he needed to have teeth pulled and that dentures would also be covered.

The ministry relied on its reconsideration decision and submitted no new information.

### **Admissibility of New Information**

The panel has admitted the appellant's testimony which provides additional details with respect to issues addressed in the original PWD application and are in support of information and records that were before the ministry at the time of reconsideration, in accordance with section 22(4) of the Employment and Assistance Act.

## PART F – Reasons for Panel Decision

The issue under appeal is whether the ministry's decision to deny the appellant designation as a PWD was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. In particular, was the ministry reasonable in determining that the appellant does not have a severe physical or mental impairment, and that in the opinion of a prescribed professional the appellant's impairments do not directly and significantly restrict him from performing DLA either continuously or periodically for extended periods, and that as a result of those restrictions the appellant does not require help to perform DLA?

The relevant legislation is as follows:

### EAPWDA:

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.

### EAPWDR section 2(1):

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.

(2) For the purposes of the Act, "prescribed professional" means a person who is authorized under an enactment to practice the profession of

(a) medical practitioner,

(b) registered psychologist,

(c) registered nurse or registered psychiatric nurse,

(d) occupational therapist,

- (e) physical therapist,
- (f) social worker,
- (g) chiropractor, or
- (h) nurse practitioner.

### **Severe Physical Impairment**

The appellant's position is that he does have a severe physical impairment due to his Ankylosing Spondylitis, Mechanical Neck and Back Pain and Dental Caries. He suffers from continuous low back pain between the hips which causes some neck pain and headaches and also causes his legs to go numb followed by a pins and needle feeling. The appellant stated that his limitations consisted of bending, twisting and lifting anything heavy, getting up, if he can sit down and getting in and out of a vehicle. The appellant manages daily walks about 1/2 block each way.

The ministry's position, as set out in its reconsideration decision, is that the appellant's functional skills as reported by the physician are that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, lifting is unknown and there is no limitation to how long he can remain seated. The appellant is noted to be independently able to do most aspects of mobility and physical abilities with continuous help to lift/carry/hold. Walking indoors and out as well as climbing stairs and standing are reported to require periodic assistance and walking and climbing stairs take significantly longer, especially in the morning due to stiffness. Standing is noted to require an assistive device - which is noted to be whatever the appellant can hold on to such as rails, chairs and walls during sustained standing. Pain is reported to cause the appellant to require help from someone with any lifting, carrying and holding.

The ministry noted that the appellant's physician reports that there are no therapies available to the appellant which is not supported by the appellant's specialist. Although the appellant indicated that he is on medication, no medication or treatment information was provided by his physician while the specialist reported that the appellant had been prescribed Naproxen 650 mg. Remedial measures in the form of analgesics would be expected to ameliorate the appellant's back and neck pain and allow for more physical functionality. The above noted assistive devices are not defined by legislation as a device designed to enable a person to perform a daily living activity that because of a severe impairment, the person is unable to perform.

The ministry found that there is only one consult report provided with the original application which stated that the appellant had been referred for ongoing care of sacroiliitis, and that his back is worse. The appellant is reported to be stiff for a few hours in the morning and was advised to quit smoking. The appellant appeared well on his exam with a full range of motion of his joints, and he did not have synovitis. The appellant reported that trials of multiple anti-inflammatories had insufficient symptomatic relief, and the next step was to be biological therapy. Due to the appellant's multiple dental caries, he would be at a significant risk of dental infection and a health risk; therefore, it was recommended that he proceed with dental treatment first. The appellant was to book a follow-up appointment with the specialist once he sorted what he could or could not do with his teeth. As no follow-up consults were provided since May, 2013, the ministry could not determine if this treatment/approach was tried and whether it was effective in allowing better functionality.

In terms of functional skills in the evidence provided in the original application and consult the ministry determined the appellant is in the mid-range of functionality. The appellant's consult confirms his impairment, but also confirms there are options available to treat his conditions. The ministry determined that while the appellant experiences limitations to his physical functioning, particularly in the areas of lifting, carrying and holding and standing; the assessments provided in the original PWD application and confirmed in the document submitted at reconsideration speak to a moderate degree of physical impairment.



## **Panel Decision**

The diagnosis of a medical condition is not itself determinative of a severe impairment. Accordingly, to assess the severity of an impairment one must consider the nature of the impairment and its impact on the appellant's ability to manage his DLA as evidenced by functional skill limitations, the restrictions to DLA, and the degree of independence in performing DLA.

The determination of severity of impairment is at the discretion of the minister – the ministry must be “satisfied” that the statutory criteria for granting PWD designation are fulfilled. In making its determination the ministry must act reasonably and consider all the relevant evidence, including that of the appellant. While the legislation is clear that the fundamental basis for the analysis is the evidence from prescribed professionals, the professional evidence has to be weighed and assessed like any other evidence.

In the appellant's case, the PR reported his diagnoses as Ankylosing Spondylitis, Mechanical Neck and Back pain and Dental Caries. Under Functional Skills, it is indicated that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, limitations for lifting – unknown, and no comment is made about any limitation to remain seated. In the AR, under Mobility and Physical Ability, the physician noted that the appellant requires periodic assistance from another person with respect to walking indoors, walking outdoors, climbing stairs and standing and that he needs continuous assistance from another person or unable with lifting carrying and holding. Explanations noted are that the appellant's symptoms are worse in the morning. The panel finds that the limitations to physical functioning reported in the AR are not consistent with the functional skills reported by the same general practitioner in the PR or with the consult's report which noted that the appellant has a full range of motion with his joints. The information provided by the physician respecting physical Functional Skills is not reflective of a severe impairment of daily functioning. While the appellant's diagnoses of Ankylosing Spondylitis and Mechanical Neck and Back Pain may limit his ability to function; the evidence does not establish that the symptoms restrict the appellant's ability to function independently, effectively, appropriately or for a reasonable duration.

Based on the evidence, the panel finds that the ministry reasonably determined that the information provided did not establish a severe physical impairment.

## **Severe Mental Impairment**

The appellant does not present an argument for a mental impairment.

The ministry's position is that based on the information provided, they cannot determine that the appellant has a severe mental impairment. The appellant's physician reported that there are no significant deficits or major impacts with cognitive and emotional functioning. Therefore, the ministry finds that the information provided does not establish a severe mental impairment.

## **Panel Decision**

In the appellant's case, the PR does not diagnose any mental impairment or brain injury and the physician has not reported that the appellant has been prescribed any medication and/or treatments that interfere with his ability to perform DLA. The appellant has not been noted to have significant deficits with cognitive and emotional functions and the AR does not indicate any impacts under Cognitive and Emotional Functioning.

Section 2(1)(b) of the EAPWDR prescribes 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 physician made no remarks under Social Functioning and the appellant's ability to communicate was indicated as good with speaking and hearing, satisfactory with reading and poor with writing, noting that he has achieved a grade 9 education.

The evidence indicates that the appellant is not significantly restricted with respect to decision making in that he independently manages the decision making aspects of personal finances (banking and budgeting), daily shopping (making appropriate choices), and meal preparation (meal planning). In regards to managing personal medication, the appellant independently manages all 3 aspects (filling/refilling prescriptions, taking as directed and safe handling and storage of medications).

In view of the above, the panel concludes that the evidence does not establish that the appellant has a mental impairment and therefore, the panel finds that the ministry has reasonably determined that a severe mental impairment was not established.

### **Significant Restrictions to DLA**

The appellant's position is that he is restricted with daily living activities due to his physical impairment which is only getting worse and that sometimes his wife has to help him get out of bed, get dressed and put on his socks and when going to the bathroom, his legs will go numb so he can't get up at all. He is unable to do laundry, house cleaning – vacuuming - sweeping - cleaning bathroom and when attempts to do dishes - needs to sit every couple of minutes and when he gets back up it causes too much pain to do them. He is unable to carry groceries home or even from the car to the house. The appellant stated that he doesn't drive when he is having a bad day. The appellant testified that he requires help for one activity or the other 50 percent of the time. Every 2nd day, he requires help with DLA.

The ministry's position is that based on the information provided by the appellant's physician, the appellant does have certain limitations resulting from his medical conditions, particularly with shopping, housekeeping and some activities related to personal care that require bending early in his day. The appellant is reported to require periodic assistance for transfers in/out of bed and on/off chairs as well as assistance to stand up when lower back stiffness is severe; however, it is not stated how often this occurs. As it is reported that laundry and basic housekeeping are to be continuously assisted and that the appellant does not do this, as he is unable to bend/reach to wash clothing, vacuum, etc., and it is unknown regarding the appellant's lifting capabilities, the minister is unclear why clothing cannot be sorted or folded from a seated position for laundry, as the machines would be operated from a standing position for a short period and the appellant has stated that he is capable of doing dishes with some modifications. The minister is not satisfied that these tasks cannot be shared, and may be more reflective of a household distribution of duties, rather than an inability to complete, given the level of physical functioning reported by the appellant's physician. There is no discussion of how the appellant has explored other options to complete these tasks such as dividing household chores into more manageable portions so they do not become overwhelming, or developing chronic pain management strategies. The specialist has stated that the appellant has a full range of motion of his joints and that his difficulties are mostly due to morning stiffness. It is reasonable to assume that many activities could be better managed later in the day when the appellant is more comfortable. Going to and from stores is reported to require periodic assistance and take significantly longer due to walking difficulties, however the appellant has noted that he has access to a vehicle and his physician reports that he can walk 4+ blocks unaided. Furthermore, the frequency or type of assistance is not described and as noted, this would take the appellant 3 times longer than average which is not considered by the minister as a significant restriction. Continuous assistance is reported for carrying purchases home and that the appellant's wife often helps yet options are available for delivery and carrying of groceries. Food preparation and cooking is continuously assisted and the appellant's physician has stated that it is the appellant's wife who does the majority of the food preparation and cooking. The minister is not satisfied that some of these tasks could not be completed from a seated position and it is assumed that these cooking tasks are also reflective of household distribution of duties. The appellant's



physician stated that if the appellant has to cook, it is because he is alone, and it takes him a longer time which supports the minister's position that although the appellant is capable of these tasks, they are generally household tasks completed by his spouse. The nature of the continuous assistance required for getting in and out of a vehicle has not been provided and it is not clear if this relates to the frame or handles on the vehicle being used to assist or if a person assists.

The appellant's physician has reported that he has not prescribed any medication and/or treatments that interfere with his ability to perform DLA and that no mobility aids or prostheses are required for his impairment to assist with DLA.

The ministry relies on the medical opinion and expertise from the physician and other health professionals to determine that the appellant's impairment significantly restricts his ability to perform daily living activities continuously or periodically for extended periods. The ministry makes the decision regarding Persons with Disabilities eligibility based on physical, mental and daily living assessments provided by the medical practitioner. Although the ministry acknowledges that the appellant has certain limitations that result from his medical conditions, particularly with shopping, housekeeping and some activities related to personal care that require bending early in the day, it finds the information provided does not establish that a severe impairment significantly restricts the appellant's ability to perform daily living activities continuously or periodically for extended periods; therefore, not meeting the legislative criteria.

#### **Panel Decision**

The legislation – Section 2(2)(b)(i) of the EAPWDA – requires the minister to substantially assess direct and significant restrictions of DLA in consideration of the opinion of a prescribed professional. This doesn't mean that other evidence – such as that from the appellant - shouldn't be factored in as required to provide clarification of the professional evidence, but the legislative language makes it clear that the prescribed professional's opinion is fundamental to the ministry's determination as to whether it is "satisfied". The prescribed professionals' evidence must like any other evidence be weighed and accessed.

The legislation requires that a severe impairment directly and significantly restricts the appellant's ability to perform DLA either continuously or periodically for extended periods. The term "directly" means that there must be a causal link between the severe impairment and the restriction. There is also a component related to time or duration. The direct and significant restriction may be either continuous or periodic. If it is periodic it must be for an extended time. Inherently, any analysis of periodicity must also include consideration of the frequency. In circumstances where the evidence indicates that a restriction arises periodically, it is entirely appropriate for the ministry to require evidence of the duration and frequency of the restriction in order to be "satisfied" that this legislative criterion is met.

In the AR, the physician reported that the appellant: under Personal Care, independently manages 2 of 8 aspects of DLA, specifically feeding self and regulating diet; he requires continuous assistance (wife helps) for dressing, grooming, bathing and toileting (requires grab bars); he requires periodic assistance for transfers in/out of bed and transfers on/off chair. Under Basic Housekeeping, he requires continuous assistance in both aspects; laundry and basic housekeeping (does not do, wife does, unable to bend). Under Shopping he independently manages reading prices and labels, making appropriate choices and paying for purchases; he requires periodic assistance for going to and from stores (related to walking difficulties) and requires continuous assistance for carrying purchases home (wife often helps). Under Meals the appellant independently manages meal planning and safe storage of food whereas he requires continuous assistance with food preparation and cooking (wife does majority, if alone takes him longer). Under Pay Rent and Bills, the appellant independently manages all 3 aspects of DLA; banking, budgeting and paying rent and bills. Under Medications, the appellant independently manages all 3 aspects of DLA; filling/refilling prescriptions, taking as directed and safe handling and storage.

Under transportation, the appellant requires continuous assistance getting in and out of a vehicle (stiffness)

and does not use public transit.

The onus is on the appellant to prove on the balance of probabilities that he satisfies the legislative criteria with respect to direct and severe restrictions in his ability to manage his DLA independently. In the panel's view, having placed greater weight on the general practitioner's evidence respecting the appellant's physical functional skills as reported in the physician report which is consistent with the consult report and that of the appellant's own evidence that he requires help with DLA 50% of the time; the panel finds that the explanations given in the AR do not substantiate why the appellant requires continuous assistance for DLA that do not require bending or lifting heavy items such as grooming, some aspects of laundry (folding clothes), food preparation and cooking. While the evidence indicates that the appellant has some difficulty with his DLA, specifically those that require bending and lifting and that due to stiffness, activities require approximately 3 times longer than average, the panel finds that the ministry reasonably determined that the evidence does not establish that, in the opinion of a prescribed professional, his impairments directly and significantly restrict his ability to manage his DLA either continuously or periodically for extended periods. Accordingly, the panel finds that the ministry reasonably found that this legislative criterion is not satisfied.

### **Help with DLA**

The appellant's position is that he requires help every 2<sup>nd</sup> day. The physician has confirmed that the appellant would be assisted by "grab bars" for his physical impairment and that his wife helps him regularly with DLA.

The ministry's position is that since it has not been established that the appellant's DLA are significantly restricted, it cannot be determined that significant help is required from other persons.

### **Panel Decision**

Finding that a severe impairment directly and significantly restricts a person's ability to manage his DLA either continuously or periodically for an extended period is a precondition to a person requiring "help" as defined by section 2(3)(b) of the EAPWDA.

In the PR, it is noted that the appellant does not require aids or prostheses for his impairment. In the AR, it is noted that the appellant needs "grab bars". In the AR, the prescribed professional indicated that the appellant does not have an assistance animal. The panel finds that the ministry reasonably concluded that since it has not been established that the appellant's DLA are significantly restricted, it could not be determined that the appellant requires help with DLA as defined by the legislation.

### **Conclusion**

The panel acknowledges that the appellant's medical conditions affect his ability to function. However, having reviewed and considered all of the evidence and the relevant legislation, the panel finds that the ministry's decision finding the appellant ineligible for PWD designation is reasonably supported by the evidence. The panel therefore confirms the ministry's decision.