(vii) Other factors concerning the claimant’s functional limitations and restrictions due to pain or other symptoms.

(4) How the Board determines the extent to which symptoms, such as pain, affect the claimant’s capacity to perform basic work activities. In determining the extent to which the claimant’s symptoms, such as pain, affect the claimant’s capacity to perform basic work activities, the Board considers all of the available evidence described in paragraphs (c)(1) through (c)(3) of this section. The Board will consider the claimant’s statements about the intensity, persistence, and limiting effects of the claimant’s symptoms, and the Board will evaluate the claimant’s statements in relation to the objective medical evidence and other evidence, in reaching a conclusion as to whether the claimant is disabled. The Board will consider whether there are any inconsistencies in the evidence and the extent to which there are any conflicts between the claimant’s statements and the rest of the evidence, including the claimant’s medical history, the medical signs and laboratory findings, and statements by the claimant’s treating or examining physician or psychologist or other persons about how the claimant’s symptoms affect the claimant. The claimant’s symptoms, including pain, will be determined to diminish the claimant’s capacity for basic work activities to the extent that the claimant’s alleged functional limitations and restrictions due to symptoms, such as pain, can reasonably be accepted as consistent with the objective medical evidence and other evidence.

(d) Consideration of symptoms in the disability determination process. The Board follows a set order of steps to determine whether the claimant is disabled. If the claimant is not doing substantial gainful activity, the Board considers the claimant’s symptoms, such as pain, to evaluate whether the claimant has a severe physical or mental impairment(s), and at each of the remaining steps in the process. Section 220.100 explains this process in detail. The Board also considers the claimant’s symptoms, such as pain, at the appropriate steps in the Board’s review when the Board considers whether the claimant’s disability continues. Subpart O of this part explains the procedure the Board follows in reviewing whether the claimant’s disability continues.

1. Need to establish a severe medically determinable impairment(s). The claimant’s symptoms, such as pain, fatigue, shortness of breath, weakness, or nervousness, are considered in making a determination as to whether the claimant’s impairment or combination of impairment(s) is severe. (See §220.100(b)(2) of this part).

2. Decision of whether impairment(s) is medically disabling. The Board will not substitute the claimant’s allegations of pain or other symptoms for a missing or deficient sign or laboratory finding to raise the severity of the claimant’s impairment(s) to that of being medically disabling. If the symptoms, signs, and laboratory findings of the claimant’s impairment(s) are found by the Board to be so severe as to prevent any substantial gainful activity, the Board will find the claimant disabled. If it does not, the Board will consider the impact of the claimant’s symptoms on the claimant’s residual functional capacity. (See paragraph (d)(3) of this section.)

3. Impact of symptoms (including pain) on residual functional capacity. If the claimant has a medically determinable severe physical or mental impairment(s), but the claimant’s impairment(s) is not medically disabling, the Board will consider the impact of the claimant’s impairment(s) and any related symptoms, including pain, on the claimant’s residual functional capacity. (See §220.120 of this part.)

§220.115 Need to follow prescribed treatment.

(a) What treatment the claimant must follow. In order to get a disability annuity, the claimant must follow treatment prescribed by his or her physician if this treatment can restore the claimant’s ability to work.

(b) When the claimant does not follow prescribed treatment. If the claimant does not follow the prescribed treatment without a good reason, the Board will find him or her not disabled or, if
the claimant is already receiving a disability annuity, the Board will stop paying the annuity.

(c) Acceptable reasons for failure to follow prescribed treatment. The following are examples of a good reason for not following treatment:

(1) The specific medical treatment is contrary to the established teaching and tenets of the claimant’s religion.

(2) The prescribed treatment would be cataract surgery for one eye, when there is an impairment of the other eye resulting in a severe loss of vision and is not subject to improvement through surgery.

(3) Surgery was previously performed with unsuccessful results and the same surgery is again being recommended for the same impairment.

(4) The treatment because of its magnitude (e.g., open heart surgery), unusual nature (e.g., organ transplant), or other reason is very risky for the claimant.

(5) The treatment involves amputation of an extremity, or a major part of an extremity.

Subpart J—Residual Functional Capacity

§220.120 The claimant’s residual functional capacity.

(a) General. The claimant’s impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what the claimant can do in a work setting. The claimant’s residual functional capacity is what the claimant can still do despite the claimant’s limitations. If the claimant has more than one impairment, the Board will consider all of the claimant’s impairment(s) of which the Board is aware. The Board will consider the claimant’s ability to meet certain demands of jobs, such as physical demands, mental demands, sensory requirements, and other functions, as described in paragraphs (b), (c), and (d) of this section. Residual functional capacity is an assessment based upon all of the relevant evidence. It may include descriptions (even the claimant’s own) of limitations that go beyond the symptoms, such as pain, that are important in the diagnosis and treatment of the claimant’s medical condition. Observations by the claimant’s treating or examining physicians or psychologists, the claimant’s family, neighbors, friends, or other persons, of the claimant’s limitations, in addition to those observations usually made during formal medical examinations, may also be used. These descriptions and observations, when used, must be considered along with the claimant’s medical records to enable us to decide to what extent the claimant’s impairment(s) keeps the claimant from performing particular work activities. This assessment of the claimant’s remaining capacity for work is not a decision on whether the claimant is disabled, but is used as the basis for determining the particular types of work the claimant may be able to do despite the claimant’s impairment(s). Then, using the guidelines in §§220.125 and 220.134 of this part the claimant’s vocational background is considered along with the claimant’s residual functional capacity in arriving at a disability determination or decision. In deciding whether the claimant’s disability continues or ends, the residual functional capacity assessment may also be used to determine whether any medical improvement the claimant has experienced is related to the claimant’s ability to work as discussed in §220.178 of this part.

(b) Physical abilities. When the Board assesses the claimant’s physical abilities, the Board first assesses the nature and extent of the claimant’s physical limitations and then determines the claimant’s residual functional capacity for work activity on a regular and continuing basis. A limited ability to perform certain physical demands of work activity, such as sitting, standing, walking, lifting, carrying, pushing, pulling, or other physical functions (including manipulative or postural functions, such as reaching, handling, stooping or crouching), may reduce the claimant’s ability to do past work and other work.

(c) Mental abilities. When the Board assesses the claimant’s mental abilities, the Board first assesses the nature and extent of the claimant’s mental limitations and restrictions and then determines the claimant’s residual functional capacity for work activity.