Appendix 5

(Chapter 5-Impairment & Disability)

1. Spine-Whole Man Conversion Table From JAMA, 1958.
2. Residual Functional Capacities Evaluation Form-Physical.
3. Residual Functional Capacities Evaluation Form-Mental.
4. Excerpts from deposition of Dr. Ballenger.
5. Excerpts from Orthopedic Surgeons Guide.

SPINE

IMPARIMENT OF Spine		WHOLE MAN	IMPAIRMENT OF Spine		WHOLE MAN	IMPAIRMENT OF Spine		WHOLE MAN
0%	=	0%	35%	=	21%	70%	=	42%
1%	=	1%	36%	=	22%	71%	=	43%
2%	=	1%	37%	=	22%	72%	=	43%
3%	=	2%	38%	=	23%	73%	=	44%
4%	=	2%	39%	=	23%	74%	=	44%
5%	=	3%	40%	=	24%	75%	=	45%
6%	=	4%	41%	=	25%	76%	=	46%
7%	=	4%	42%	=	25%	77%	=	46%
8%	=	5%	43%	=	26%	78%	=	47%
9%	=	5%	44%	=	26%	79%	=	47%
10%	=	6%	45%	=	27%	80%	=	48%
11%	=	7%	46%	=	28%	81%	=	49%
12%	=	7%	47%	=	28%	82%	=	49%
13%	=	8%	48%	=	29%	83%	=	50%
14%	=	8%	49%	=	29%	84%	=	50%
15%	=	9%	50%	=	30%	85%	=	51%
16%	=	10%	51%	=	31%	86%	=	52%
17%	=	10%	52%	=	31%	87%	=	52%
18%	=	11%	53%	=	32%	88%	=	53%
19%	=	11%	54%	=	32%	89%	=	53%
20%	=	12%	55%	=	33%	90%	=	54%
21%	=	13%	56%	=	34%	91%	=	55%
22%	=	13%	57%	=	34%	92%	=	55%
23%	=	14%	58%	=	35%	93%	=	56%
24%	=	14%	59%	=	35%	94%	=	56%
25%	=	15%	60%	=	36%	95%	=	57%
26%	=	16%	61%	=	37%	96%	=	58%
27%	=	16%	62%	=	37%	97%	=	58%
28%	=	17%	63%	=	38%	98%	=	59%
29%	=	17%	64%	=	38%	99%	=	59%
30%	=	18%	65%	=	39%	100%	=	60%
31%	=	19%	66%	=	40%			
32%	=	19%	67%	=	40%			
33%	=	20%	68%	=	41%			
34%	=	20%	69%	=	41%			

NOTE: Impairment of WHOLE MAN contributed by SPINE may be rounded to the nearest 5 percent ONLY when it is the sole impairment involved.

PHYSICAL CAPACITIES EVALUATION

Name of Claimant: _____

Social Security Number of Claimant: _____

Date: _____

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION AND TESTING OF THE CLAIMANT. ANY ITEM THAT YOU DO NOT BELIEVE YOU CAN ANSWER SHOULD BE MARKED N/A (NOT ANSWERABLE).

I. In an 8 hour day the claimant should be able to:

A. Sit for _____ **minutes** at one time.
B. Sit a total of _____ **hours** out of a normal 8 hour day.

C. Stand for _____ **minutes** at one time.
D. Stand a total of _____ **hours** out of a normal 8 hour day.

E. Walk for _____ **minutes** at one time.
F. Walk a total of _____ **hours** out of a normal 8 hour day.

Note: Total need not equal 8 hours if the claimant does not have sufficient capacity.

II. The claimant should be able to LIFT/CARRY:

	Never	Occasionally *	Frequently **
Up to 10 lbs.	_____	_____	_____
10 to 20 lbs.	_____	_____	_____
20 to 50 lbs.	_____	_____	_____

III. The claimant should be able to use his/her extremities for repetitive actions such as:

A. Hands/Arms.

	Neither Hand	Left Hand	Right Hand	Both Hands
Simple Grasping.	_____	_____	_____	_____
Handling.	_____	_____	_____	_____
Pushing/Pulling.	_____	_____	_____	_____
Manipulating.	_____	_____	_____	_____

E. REMARKS:

Signature

Date

Print Name

Street Address

City State Zip

Phone Number

A: As well as this man did, objectively -- ask me that question again.

Q: Would you anticipate that he would have any complications or difficulties in life resulting from the accident and following the surgery?

A: Probably a tad more than percentage-wise. Probably a tad more that anybody else in the population who hasn't had any significant back problem.

Q: Any restrictions you'd put on lifting or bending or work activities?

A: No.

Q: Doctor, Mr. Grant works -- or at the time of this accident was working in a ---

A: Warehouse.

Q: --- a warehouse where he did lifting of cassettes, discs, record-type discs and cassettes. Do you think he could do that job?

A: How much did it weigh?

Q: Less than ten pounds.

A: Sure.

Q: Thank you, Doctor.

QUESTIONING BY MR. HASELDEN:

Q: Doctor, before we went on the record, you asked Mr. King how much Mr. Grant's Workman's Compensation was per week, did you not?

A: Uh-huh (affirmative).

Q: Why were you interested in that?

A: Most of my patients that objectively do as well as Ralph Grant are back at work in two to three months.

Q: The ten per cent impairment rating that you gave him to the leg, you said, I think, that was based on the symptoms that he related to you.

A: Subjective complaints. Yes, sir.

Q: And the ten per cent figure is basically what you felt was warranted based on the degree of those symptoms as related to you.

A: Ten per cent might be liberal if I went strictly by the book.

Q: But I mean, that's just your opinion, you know, you didn't look it up in a book or anything.

A: No.

Q: You just felt that ten per cent was warranted based on what he told you.

A: Correct.

Q: All right, sir. And you did not refer to the AMA guides or the Orthopedic Surgeons Manual to arrive at that impairment.

A: Correct.

Q: Nor did you refer to the Orthopedic Surgeons Guide or the AMA Guides to arrive at your determination that

there is no permanent impairment to the back.

A: I didn't have to. I'm familiar enough with those guides to tell you there was no problem with the back.

Q: All right, sir. Do you have ---

A: If there are no problems, why go to the book.

Q: Do you have -- do you have a copy of the AMA Guides?

A: Yes, sir.

Q: What edition do you have?

A: The newest one.

Q: All right, sir. Could I see that?

A: Yeah.

(OFF THE RECORD DISCUSSION)

Q: Before you do that, do you have a copy of the Orthopedic Surgeons Guide?

A: I don't know.

Q: Would you check on that, please?

(OFF THE RECORD DISCUSSION)

Q: Doctor, I think your secretary just brought in a couple of books ---

A: Uh-huh (affirmative).

Q: --- and one of those is the AMA Guides to the Evaluation of Permanent Impairment, 2nd Edition -- a dark green book and the other one is the 3rd Edition, a slightly lighter green book.

A: Correct.

Q: And I think that you were informed that ya'll do not have the Orthopedic Surgeons Guide?

A: Correct.

Q: But you have seen that in the past?

A: No.

Q: You've never heard of the Orthopedic Surgeons Guide?

A: I've heard of it. I just never have seen it.

Q: All right, sir. And this is the most recent edition of the AMA Guides that you have in the office.

A: Yeah.

Q: All right, sir. Were you aware that this edition was revised again last December and that this edition is no longer in print?

A: No.

Q: All right, sir. I'm going to hand -- show you a copy of the 3rd edition revised to the AMA Guides, a blue book. Have you ever seen that book before?

A: No.

Q: All right, sir. But you said earlier that you did not refer to either of these other two books in arriving at any of your opinions.

A: Not in his particular case.

Q: All right, sir.

A: But you know when I do this every day, you pretty well memorize it.

Q: All right, sir. Are you familiar with what is now Table 53 of the AMA Guides?

A: No.

Q: All right, sir. If you would, take a look at this. And this is Table 53 from 3rd Edition revised but I think they are substantially the same as the prior 3rd edition.

A: Okay.

Q: Doctor -- it was Table 49 in the prior edition, if you want to take a look at that. I think they're substantially the same. Doctor, if you take a look at Table 53 under numeral two, well, I guess it would be Roman numeral two, part D -- Surgically Treated Disc Lesion with No Residual Signs or Symptoms. Would you refer to that and tell me what the AMA Guides says.

A: It says under Lumbar -- eight.

Q: And that would be the percentage to the whole person.

A: Okay.

Q: Is that not what the book also says?

A: That's what it says.

Q: Doctor, is the AMA Guides a recognized reference point for evaluating permanent impairment?

A: Uh-huh (affirmative).

Q: And something that much of the medical community

follows.

A: Yes.

Q: And if he had -- if he fell in the category E, Surgically Treated Disc Lesion with Residuals, Documented Pain, Rigidity with or without Muscle Spasm -- that would dictate a ten per cent lumbar impairment to the whole person.

A: Uh-huh (affirmative).

Q: Is that right? Which of those two categories, if either, would you put Mr. Grant into?

A: D.

Q: All right, sir. So under the AMA Guides, he would have eight per cent to the whole person solely as a result of the lumbar surgery.

A: Okay.

Q: All right, sir. Would you refer further down to the bottom of Table 53 where it states -- its got "Note" -- not the first note but the second note -- "All impairments above should be combined with the appropriate values of residual signs or symptoms such as" and below that, under two, it says, "abnormal motion in the spinal area (objectively measured rigidity)."

A: What does that mean?

Q: If you refer to the book, I think that means that

you're supposed to measure the range of motion and that is supposed to be added to the diagnosed -- diagnosis-based impairment arrived to above.

A: I don't think he had any trouble with range of motion.

Q: All right, sir. Did you measure range of motion?

A: No.

Q: Are you aware that the AMA Guides requires that range of motion be measured in every case?

A: No.

Q: All right, sir. Let me hand you this book and we're still referring to the AMA Guides, Volume 3, Revised -- Edition 3, Revised. On page 79 it says, beginning right here, "Calculate total impairment of the whole person due to spine impairment as follows:" And would you go over briefly with us what that says you're supposed to do.

A: "To obtain a diagnosis-based percentage impairment --- "

Q: It says to refer to Table 53, does it not?

A: " --- use Table 53, page 80."

Q: All right, sir. And that's what we've already done. Now, what does it suggest that you do after that or require that you do?

A: Test the range of motion.

Q: All right, sir.

A: Perform at least three range of motion and calculate permanent variability -- the permitted variability. Use maximum range of motion to provide -- add all range of motion impairment values for one --- Do you know why this is worthless?

Q: Why is that? It takes too long?

A: No, it doesn't take too long. It's easy to do except for the person that can't do what you think he might be able to do. In the light of no pain it's a very poor objective measurement of what the impairment is. This man had no back pain.

Q: But according to the AMA Committee, he's entitled to an impairment rating, nonetheless; is that not correct?

A: Well, you know, neurosurgeons don't have to agree with the AMA.

Q: Neurosurgeons are not part of the AMA?

A: Some of us are and some of us aren't.

Q: Are there not neurosurgeons on this committee that writes the AMA Guide?

A: Probably.

Q: But you're not on the committee.

A: No, I'm not on the committee and don't ever plan to be on it.

Q: All right, sir. So to summarize what the AMA Guide

says, you refer to Table 53 and obtain a diagnosis-based impairment and then you combine that with any impairment that you arrive at based on loss of range of motion; is that correct?

A: That's what they say. Yes, sir.

Q: All right, sir. Do you ever perform range of motions in arriving at impairment ratings?

A: Yes.

Q: All right, sir. And how do you perform those?

A: How well they can bend compared to preoperatively.

Q: All right, sir. Do you perform those visually or using a goniometer or how do you do that?

A: No, you do it visually.

Q: All right, sir. You never use a goniometer?

A: No.

Q: All right, sir. Do ya'll have a goniometer in the office?

A: No.

Q: Are you aware that the AMA Guides, on page 78, says, "Therefore, measurement techniques using inclinometers are more appropriate than using goniometers for obtaining reliable spinal mobility measurements." Are you familiar with that?

A: Vaguely.

Q: All right, sir. You do know that they recommend that

you not use visual measurements, that you use some other mechanical device.

A: No, I was not aware of that.

Q: All right, sir. You don't dispute that. You just were not aware of that.

A: I don't think you can put this man on any kind of measuring device and arrive at a more accurate answer than me who lived with him for this -- for this number of months.

Q: When you would examine him, how much time did you spend with him; five minutes during each time he was in your office?

A: No. I think each one of my patients get at least ten or fifteen minutes.

Q: Well, what do you do during those ten or fifteen minutes? You don't put him through range of motion, rotation, flexion, extension ---

A: Early in the post-operative course I don't put them through much of anything because they're getting over discomfort.

Q: All right, sir. And I'll put them down and I'll stretch their legs, I'll twist their hips, I'll examine their back for spasm and I usually -- it depends on how early or how late it is, I usually don't bend them or stretch them very much in their

back until after I've got them on back exercises.

Q: If you went through all this, let's just call it rigamarole that the AMA requires ---

A: Uh-huh (affirmative).

Q: --- with all the range of motion measurements. You're supposed to do flexion, extension, rotation, lateral flexion -- if you went through all that, it would take substantially longer than just a routine office visit, would it not.

A: Oh, I could do it all in ten minutes.

Q: All right, sir. Were you aware that the AMA now requires the use of a inclinometer rather than a goniometer?

A: No. That suits me fine. I had rather send these people to another doctor to be rated, anyway.

Q: Have ya'll received solicitations from Comprehensive Medical Rehab or any of the other groups offering to do these inclinometer evaluations?

A: I don't know. I'm sure we must. We get solicitations from everybody.

Q: All right, sir. Would a trained physical therapist be qualified to run somebody through these range of motion measurements?

A: A good one, yes, I suppose so.

Q: All right, sir. Let me show you page 30 from the

Orthopedic Surgeons Guide which I think is no longer in print. It's been replaced by the AMA. And if you would, tell me which category, if any, you feel that Mr. Grant would fall into under the Orthopedic Surgeons Guide?

A: It looks like 3-B.

Q: Which be ten per cent to the whole person?

A: Surgical excision of disc, no fusion, good results, no persistent sciatic pain.

Q: All right, sir. And that would ---

A: If that figure ten means per cent, I guess that's the one he falls into.

Q: Okay. I think up at the top it says percentage to the whole person. Doctor, is there any table that you are familiar with for converting a rating from the whole person to an individual -- a whole person to a spinal rating?

A: Yeah. It's in here somewhere but I never have understood it.

Q: All right, sir.

A: At first it was just back and/or leg and now it's getting around to the whole person and basically I just never understood it.

Q: All right. There is no longer a table for converting to the spine any more.

A: No. If you want to revise my percentage, that's fine with me. I'm not going to split hairs with you.

Q: I would offer these -- I would offer the page we referred to from the Orthopedic Surgeons Guide, Table 53 which we referred to and pages 78, 79 and 80 from the AMA Guides.

(COPY OF PAGE FROM ORTHOPEDIC SURGEONS GUIDE MARKED AS EXHIBIT 2; A COPY OF TABLE 53 TO BE MARKED AS EXHIBIT 3; COPY OF PAGES 78, 79, 80 MARKED AS EXHIBIT 4; TO BE RETAINED BY THE COURT REPORTER AND MADE A PART HEREOF)

Q: Doctor, what caused the CSF leak that Mr. Grant developed?

A: He apparently had a hole in his spinal sac somewhere.

Q: Well, I'm not that educated as far as the surgical procedure. I mean, did you have to go through the spinal sac to perform the surgery?

A: No.

Q: All right, sir.

A: Didn't open the spinal sac.

Q: Sir?

A: Did not open the spinal sac. Did not -- did not encounter a leak at surgery.

Q: All right, sir. What ---

A: He just sprung a leak post-op.

Q: Would it have been a piece of bone fragment or

MANUAL FOR ORTHOPAEDIC SURGEONS IN EVALUATING PERMANENT PHYSICAL IMPAIRMENT

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5-19

APPROXIMATE RATINGS OF PERMANENT PHYSICAL IMPAIRMENTS AND THEIR PHYSICAL LOSS OF FUNCTION

The following specific permanent physical impairments and their percentage ratings are to be used only as guiding examples of about what the rating should be in a corresponding individual case. These ratings are adjusted to approximate relative values of other parts of the body. They encompass pain, weakness, neuromuscular and other reactions naturally expected to exist.

S-20

LOWER EXTREMITIES	Per cent Permanent Physical Impairment and Loss of Physical Function to Lower Extremity
1. Shortening	
1/2 inch	5
1 inch	10
1 1/2 inches	15
2 inches	20
2. Hip (Rating value to whole body 50%)	
A. Non union without reconstruction	75
B. Arthroplasty, use of prosthesis able to walk and stand at work, motion free to 25% to 50% of normal	40
C. Osteotomy reconstruction, moderate motion, 1 inch shortening, no contracture	35
D. Ankylosis and limited motion	
(a) Total ankylosis, optimum position 15° flexion	50

Hip (cont'd)	Per cent Permanent Physical Impairment and Loss of Physical Function to Lower Extremity
(b) Limitation of motion	
(1) Mild. A.P. motion from 0° to 120° flexion, rotation and lateral motion, abduction, adduction free to 50% of normal	15
(2) Moderate. A.P. motion from 15° flexion deformity to 110° further flexion, rotation, lateral motion, abduction, and adduction free to 25% normal	30
(3) Severe. A.P. motion from 30° flexion deformity to 90° further flexion	50
4. Knee	
A. Surgical removal internal or external semilunar cartilage, no complications	5
B. Surgical removal both cartilages, cruciate intact	20
C. Ruptured cruciate ligament, repaired, moderate laxity	20
Not repaired, marked laxity	30
D. Excision of patella	20
E. Plateau fracture, depressed bone elevated, semilunar excised	20
F. Ankylosis and limited motion, total ankylosis optimum position, 15° flexion	50
G. Limitation of motion	
(a) Mild. 0° to 110° flexion	5

Knee (cont'd.)	Per cent Permanent Physical Impairment and Loss of Physical Function to Lower Extremity
(b) Moderate. 0° to 80° flexion	15
(c) Severe. 0° to 60° flexion	35
(d) Severe. Limited from 15° flexion deformity with further flexion to 90°	40

12-5

	Per cent Permanent Physical Impairment and Loss of Physical Function to Foot (80 % of leg)
5. Ankle and Foot	
A. Eversion deformity 25° as in fracture lower end of fibula with evulsion medial ligaments, 20° eversion	20
B. Inversion deformity 20°	15
C. Total ankylosis ankle and foot (pantalar arthrodesis)	
(a) 10° plantar flexion	50
(b) Mal-position 30° plantar flexion	60
D. Ankylosis of foot, subtalar or triple arthrodesis tarsal bones, ankle, free motion	25
E. Ankylosis of tibia and talus, subtalar joints free, optimum position 15° plantar flexion	40

Ankle and Foot cont'd.	Per cent Permanent Physical Impairment and Loss of Physical Function to Foot (80% of leg)
F. Limitation of motion in the ankle	
(a) Mild. Motion limited from position of 90° right angle to 20° plantar flexion	10
(b) Moderate. Motion limited from position of 10° plantar flexion to 20° plantar flexion	25
(c) Severe. Motion limited from position of 20° plantar flexion to 30° plantar flexion	50

	Per cent Permanent Physical Impairment and Loss of Physical Function to Foot
6. Foot	
A. Ankylosis of tarsal metatarsal or mid tarsal joints	
Mild	10
Severe	20
B. Limited motion in the foot	
(a) Mild. Limited motion with mild pain	10
(b) Moderate. Limitation of motion with pain	20
(c) Severe. Limitation of motion with pain	35

DISABILITIES OF THE BACK

The following ratings for permanent impairment to the body in back injuries are suggested as reasonable and representative orthopaedic evaluations readily reconciled to the average specific award ratings specified by Compensation Statutes of various localities.

The permanent physical impairment cannot be evaluated solely on limited motion. It must be judged on ability to carry out such functions as lifting, stooping, reaching, twisting and jumping. Pain is a major factor of such limitations and should be evaluated in respect to its reality and its likelihood of permanency.

CERVICAL SPINE	Per cent Whole Body Permanent Physical Impairment and Loss of Physical Function
1. Healed sprain, contusion	
A. No involuntary muscle spasm, subjective symptoms of pain not substantiated by demonstrable structural pathology.	0
B. Persistent muscle spasm, rigidity and pain substantiated by loss of anterior curve revealed by x-ray, although no demonstrable structural pathology, moderate referred shoulder-arm pain	10
C. Same as (B) with gross degenerative changes consisting of narrowing of intervertebral spaces and osteo arthritic lipping of vertebral margins	20

	Per cent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body
2. Fracture	
A. Vertebral compression 25%, one or two vertebral adjacent bodies, no fragmentation, no involvement posterior elements, no nerve root involvement, moderate neck rigidity and persistent soreness	20
B. Posterior elements with x-ray evidence of moderate partial dislocation	
(a) No nerve root involvement, healed	15
(b) With persistent pain, with mild motor and sensory manifestations	25
(c) With fusion, healed, no permanent motor or sensory changes	20
C. Severe dislocation, fair to good reduction with surgical fusion	
(a) No residual motor or sensory changes	25
(b) Poor reduction with fusion, persistent radicular pain, motor involvement, only slight weakness and numbness	35
(c) Same as (b) with partial paralysis, determine additional rating for loss of use of extremities and sphincters	

CERVICAL INTERVERTEBRAL DISC	
1. Operative, successful removal of disc, with relief of acute pain, no fusion, no neurologic residual	10
2. Same as (1) with neurological manifestations, persistent pain, numbness, weakness in fingers	20

	Per cent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body
THORACIC AND DORSOLUMBAR SPINE	
1. Severe costovertebral contusion or strain causally related to trauma with persistent pain, moderate degenerative changes with osteoarthritic lipping, no x-ray evidence of structural trauma	10
2. Fracture	
A. Compression 25%, involving one or two vertebral bodies, mild, no fragmentation, healed, no neurologic manifestations	10
B. Compression 50%, with involvement posterior elements, healed, no neurologic manifestations, persistent pain, fusion indicated	20
C. Same as (B) with fusion, pain only on heavy use of back	20
D. Total paraplegia	100
E. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters	
LOW LUMBAR	
1. Healed sprain, contusion	
A. No involuntary muscle spasm, subjective symptoms of pain not substantiated by demonstrable structural pathology	0
B. Persistent muscle spasm, rigidity and pain substantiated by demonstrable degenerative changes, moderate osteoarthritic lipping revealed by x-ray, combined trauma and pre-existing factors	10

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LOW LUMBAR cont'd.	Per cent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body
C. Same as (B) with more extensive osteoarthritic lipping	15
D. Same as (B) with spondylolysis or spondylolisthesis Grade I or II, demonstrable by x-ray, without surgery, combined trauma and pre-existing anomaly	20
E. Same as (D) with Grade III or IV spondylolisthesis, persistent pain, without fusion, aggravated by trauma	35
F. Same as (B) or (C) with fusion laminectomy, pain moderate	25
2. Fracture	
A. Vertebral compression 25%, one or two adjacent vertebral bodies, little or no fragmentation, no definite pattern or neurologic changes	15
B. Compression with fragmentation posterior elements, persistent pain, weakness and stiffness, healed, no fusion, no lifting over 25 pounds	40
C. Same as (B), healed with fusion, mild pain	25
D. Same as (B), nerve root involvement to lower extremities, determine additional rating for loss of industrial function to extremities	
E. Same as (C), with fragmentation of posterior elements, with persistent pain after fusion, no neurologic findings	35
F. Same as (C), with nerve root involvment to lower extremities, rate with functional loss to extremities	
G. Total paraplegia	100

LOW LUMBAR cont'd.	Per cent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body
H. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters	
3. Neurogenic Low Back Pain – Disc Injury	
A. Periodic acute episodes with acute pain and persistent body list, tests for sciatic pain positive, temporary recovery 5 to 8 weeks	5
B. Surgical excision of disc, no fusion, good results, no persistent sciatic pain	10
C. Surgical excision of disc, no fusion, moderate persistent pain and stiffness aggravated by heavy lifting with necessary modification of activities.	20
D. Surgical excision of disc with fusion, activities of lifting moderately modified	15
E. Surgical excision of disc with fusion, persistent pain and stiffness aggravated by heavy lifting, necessitating modification of all activities requiring heavy lifting	25