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DIVISION OR DEPARTMENT FILE NO. RE LETTER OF SUBJECT

Review Committee File No. 1278-73-62 San Jose Division Grievance No. 8-73-12 Demotion of Line Subforeman to Inspector

August 22, 1975

MR. F. L. NETTELL, Chairman San Jose Division Joint Grievance Committee

INDUSTRIAL RELATIONS

The above-subject grievance has been discussed by the Review Committee and is being returned to the Division for settlement in accordance with the following:

The case concerns the demotion of the grievant from a Line Subforeman classification to an Inspector classification because of his physical inability to perform the climbing requirements of the Line Subforeman position. This was predicated in part on Dr. Earl V. Fogelberg's letter of February 9, 1973. The Review Committee has held this grievance pending the reexamination of the grievant inasmuch as the medical evidence indicated that the grievant was physically unable to climb. However, in 1973 it was not determined whether his condition was permanent and stationary, a conclusion which would preclude him from returning to his prior classification. The grievant was reexamined by Dr. Keene O. Haldeman, and in Dr. Haldeman's conclusive opinion of July 31, 1975, the grievant is now physically capable of returning to the Line Subforeman classification. With this being the case, the Review Committee is of the opinion that the grievant should be placed into the next Line Subforeman vacancy at his headquarters pursuant to Section 205.19 of the Physical Agreement.

This case is considered closed and should be so noted in the minutes of your next Joint Grievance Committee maeting.

V. BROWN, Chairman

Review Committee

DJBergman:rto

cc: VHLind

IWBonbright JAFairchild PMatthew Personnel Managers LNFoss, IBEW CARLES FOGELBERG, M.D. M. M. FOGELBERG, M.D. M. M. M. FOGELBERG, M.D. M. M. M. FOGELBERG, M.D. SAN FRANCISCO, STREET, SUBJECT UNCOMMENTATIONS SAN FRANCISCO, USUER

February 9, 1973

Pacific Gas and Electric Company 85 South Third Street San Jose, California 95114

Attention: Mr. B. L. Wade Attorney At Law

Re: PERCY R. ROME No. V 70-1005

Gentlamen:

At your request, I re-interviewed and re-examined forty-three year old Percy R. Rome in our office on February 5, 1973. Mr. Rome was last seen by me in consultation on February 15, 1972. In that interval, I responded on March 30, 1972, to specific inquiries regarding this man's functional capacity. At that time, I recommended that he be placed in the position of an inspector.

INTERVAL HISTORY:

The patient states that there has been definite improvement in his left knee

symptoms over the past year. He describes pain in the knee approximately once every three to four months. He states that there has only been swelling in the knee a couple of times since last seen. These episodes of swelling were associated with twisting episodes to the knee.

The patient denies locking episodes or giving way. He is vigorously embarking on a self -disciplined quadriceps strengthening program.

INTERVAL MEDICAL HISTORY: The patient states that surgery was necessary in April, 1972, for peptic ulcer disease. He returned to work approximately ninety days after his surgery; that is, June, 1972. He has not missed work since that time. Re: PERCY R. ROME

WORKING STATUS:

The patient has been working in his usual job as a line subforeman.

PHYSICAL EXAMINATION:

The patient is an overweight male in no apparent acute distress. He moves about

without guarding and walks without a limp. In the standing position, he shows bilateral genuvalgum to such an extent that there is approximately three and a half inches between his ankles when his knees are brought together. Functionally, he is able to heel walk and toe walk, and squat and rise, and kneel and sit back on his heels without apparent weakness, loss of balance or discomfort.

Inspection of the left knee reveals the previously described scar on the medial aspect of the knee. There is no heat or redness in the knee and there is no effusion present. His range of motion on the left is from full extension to a point where his heel is four inches from his buttock (versus the right where the heel is three inches from the buttock). There is no evidence of ligamentous instability to medial-lateral or anterior-posterior stress testing. His McMurray's sign is negative.

Comparative girth measurements reveal that the right thigh is one-half of an inch less than his left, and maximum circumferential calf measurements are equal. The patient has varicose veins of a moderate degree in the left lower extremity.

X-RAY EVALUATION:

Careful comparative evaluation of X-rays taken in our office today and those taken attal interval changes.

one year ago reveals no essential interval changes.

DISCUSSION:

Mr. Percy Rome is presently functioning as a line subforeman, a classification which

requires him to be "just as capable of climbing as a lineman." He is felt to be required to spend approximately fifty per cent of his time climbing poles. Mr. Rome and I had a long conversation regarding his capacities. **We is obviously improved and more enthusiastic** about attempting to continue to work in his present position. He seems to be able to handle his job in whatever compensatory manner he has been able to arrange. On this basis, I would be inclined to allow him to continue doing so if this would be a preferable occupation to him. On the other hand, if it is necessary for him to fit the definition of that job, I doubt that he would be able to continue, That is, if he were required to climb poles fifty per cent of the time, both he and I agree that he would be unable to cope with this type of demand over the long term. February 9, 1973 Re PERCY R. ROME Page 3

I hope this satisfactorily answers your question. If I can be of any further assistance, please let me know.

Yours very truly,

Earl V. Fogeberg, M.D.

EVP:flc

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July 31, 1975

Mr. Barry L. Wade, Attorney Pacific Gas and Electric Company 245 Market Street San Francisca: CA 94106

> Re: Percy Roma D/I: 1+7-70

Dear Mr. Wade:

In your latter of 7-30-75, you ask whather I believe that Mr. Rome will be able to climb poles three to six hours per day. I have already indicated in my letter of 6-26-75 that, "if he were to climb poles y throughout the working day, he might begin to have symptoms in his left knee although I do not believe that this occupation would be hazardous to him or to fellow workmen." The only way by which it can be determined whether he can do the required climbing of poles is to give him an opportunity to try it.

Yours very truly,

KEENE O. HALDEMAN, M.D.

KOH: pm