PUBLISHED

UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT

No. 24-1315

BRANDY MICHELLE CALHOUN,

Plaintiff – Appellant,

v.

COMMISSIONER OF SOCIAL SECURITY,

Defendant – Appellee.

Appeal from the United States District Court for the Western District of North Carolina, at Asheville. Graham C. Mullen, Senior District Judge. (1:23-cv-54-GCM)

Argued: January 28, 2026 Decided: September 3, 2026
Amended: September 3, 2026

Before GREGORY, HARRIS, and RICHARDSON, Circuit Judges.

Affirmed by published opinion. Judge Richardson wrote the opinion, in which Judge Harris joined. Judge Gregory wrote a dissenting opinion.

ARGUED: Samuel F. Furgiuele, Jr., Boone, North Carolina, for Appellant. Maija DiDomenico, SOCIAL SECURITY ADMINISTRATION, Baltimore, Maryland, for Appellee. **ON BRIEF:** Brian C. O'Donnell, Associate General Counsel, David N. Mervis, Office of Program Litigation, Office of the General Counsel, SOCIAL SECURITY ADMINISTRATION, Baltimore, Maryland; Dena J. King, United States Attorney, OFFICE OF THE UNITED STATES ATTORNEY, Charlotte, North Carolina, for Appellee.

RICHARDSON, Circuit Judge:

Brandy Calhoun applied for supplemental security income, claiming that a combination of physical and mental impairments left her unable to work. An Administrative Law Judge disagreed. After a hearing, the ALJ rejected Calhoun's application because Calhoun—though genuinely limited—retained the residual functional capacity ("RFC") to perform a range of light, unskilled work that exists in significant numbers in the national economy. Calhoun challenges that decision on three grounds: that the ALJ (1) inadequately evaluated a psychological consultative examiner's opinion, (2) failed to build an "accurate and logical bridge" between the record and the RFC finding, and (3) erred in treating her as a high-school graduate. The district court disagreed.

We too reject Calhoun's challenges to the agency's decision. Our review is deferential: We ask only whether the ALJ applied the correct legal standards and whether substantial evidence supports the agency's findings. We do not reweigh the evidence or substitute our judgment for the ALJ's. Measured against that standard, the ALJ adequately explained her evaluation of the medical opinions and her education finding, and substantial evidence supports both.

Calhoun's challenge to one component of the RFC—the finding that she could stand and walk for more than four hours—presents a closer question. But it does not change the result. In concluding that Calhoun was not disabled, the ALJ relied on a vocational expert who identified jobs that exist in significant numbers that Calhoun could perform even when limited to four hours of standing and walking. So even assuming that the ALJ erred in the

standing-and-walking finding when determining Calhoun's RFC, that error would not have affected the outcome and would thus be harmless.

I. BACKGROUND

On September 3, 2019, when Calhoun was 23 years old, she applied for supplemental security income, alleging disability since April 1, 2015, on the basis of blood clots, migraines, leg and foot numbness, high blood pressure, obesity, and agoraphobia. She stands at just over five feet three inches tall and weighed between approximately 360 and 420 pounds during the relevant period. She completed high school, where she received special-education services but reported that her grades were average and that she did "mostly pretty good." J.A. 361–62. She later enrolled in but did not complete a cosmetology program.

Calhoun's anxiety, depression, and agoraphobia were treated by her primary-care physicians. She declined recommendations for individual talk therapy and stopped attending group therapy, which she said increased her anxiety. Her physicians prescribed Zoloft and Wellbutrin, which managed her symptoms without reported side effects. While medicated, Calhoun reported that her agoraphobia was getting "better," that she was "getting out some," and that she was "[c]ommunicating more with friends and family." J.A. 448. Her treatment notes routinely documented "normal" mental status.

In February 2020, in connection with her claim, Calhoun was examined once by Dr. Joshua Broman-Fulks. Dr. Broman-Fulks was not one of Calhoun's treating doctors.[1] He evaluated her only in connection with her disability claim. Dr. Broman-Fulks diagnosed agoraphobia—a diagnosis he based on a history of social anxiety that Calhoun and her father endorsed during the evaluation—and opined that she was "severely impaired" in her ability to interact with others and to tolerate work-related stress, and "moderately impaired" in her ability to understand and follow simple instructions and to perform repetitive tasks. He further opined that Calhoun could not "perform[] any activities that required her to leave home on a regular basis." J.A. 364.

Two state-agency psychological consultants—Dr. Jacquelyn Harrison and Dr. Mark Dilger—reviewed the record, including Dr. Broman-Fulks's report. Dr. Harrison found only moderate limitations across the relevant functional areas and concluded that Calhoun could perform simple, repetitive tasks with limited social interaction. Dr. Dilger found even lesser limitations, explaining that the longitudinal record did not establish a severe psychological impairment.

Calhoun's primary-care records reflect treatment for obesity, high blood pressure, migraines, sleep apnea, right-knee pain, and leg numbness, all of which were managed with medication, diagnostic testing, and recommended lifestyle changes. Examinations were generally unremarkable: She routinely exhibited a normal gait, the ability to walk without

[1] Our good friend in dissent finds it "most damning" that Dr. Broman-Fulks was "the government's own expert." Dissenting Op. at 23. But in this non-adversarial process, the ALJ is not required to defer to the agency's expert. *See* 20 C.F.R. § 416.920c(a).

assistance, a "full and pain-free" range of motion, and normal pulmonary, cardiovascular, musculoskeletal, and neurological findings. J.A. 914. Diagnostic studies of her knee showed patellar dislocation but no fracture; because of her obesity, she was not a surgical candidate, and aquatic therapy and weight loss were recommended. She subsequently lost approximately 60 pounds. At her final appointment of record, in February 2022, she denied pain or discomfort.

Two state-agency physicians—Dr. Jagjit Sandhu and Dr. Rafael Olivares—reviewed the record. They opined that Calhoun could perform a range of light work, with postural and environmental limitations, six hours of sitting, and four hours of standing and walking in an eight-hour workday.

The ALJ applied the familiar five-step sequential evaluation.[2] At step one, the ALJ found that Calhoun had not engaged in substantial gainful activity. At step two, the ALJ

[2] This five-step inquiry asks, in sequence, whether the claimant (1) is engaged in substantial gainful activity; (2) has a severe medically determinable impairment; (3) has an impairment that meets or equals one of the regulation's listed impairments; (4) can perform past relevant work despite any impairment; and, if not, (5) can perform other work that exists in significant numbers in the national economy. *See* 20 C.F.R. § 416.920(a)(4)(i)–(v). The claimant bears the burden at the first four steps. If the ALJ finds that the claimant has been working or that her impairments do not satisfy the severity and duration requirements of the regulation, the ALJ must find that the claimant is not disabled. At step three, the ALJ must either determine that the claimant is disabled because her impairments constitute a listed impairment, or press on—to what may be labeled "step 3.5"—by determining the claimant's RFC, *i.e.*, "the most" the claimant "can still do despite" her limitations. § 416.945(a)(1). At this step, the ALJ must "consider all of [the claimant's] medically determinable impairments of which [the ALJ is] aware," including those not deemed "severe" at step two. § 416.945(a)(2). The analysis then proceeds to step four, where the ALJ can determine that the claimant is not disabled if she is able to perform past work in light of her RFC; if the exertion required for past work exceeds her RFC, the ALJ continues to step five. At this step, "the burden shifts to the Commissioner to prove, by a

concluded that her obesity, high blood pressure, right-knee dislocation, agoraphobia, anxiety, and depression were severe impairments. At step three, the ALJ found that these impairments, alone or in combination, did not meet or equal one of the listed impairments that would classify her as disabled without further inquiry. Addressing mental functioning, the ALJ found that Calhoun did not meet the relevant listed impairment because she had only moderate limitations in four broad areas: understanding, remembering, or applying information; interacting with others; concentrating, persisting, or maintaining pace; and adapting or managing oneself.

Between the third and fourth steps, the ALJ assessed Calhoun's RFC. *See* 20 C.F.R. § 416.920(a)(4). The ALJ determined that Calhoun retained the RFC to perform light work subject to numerous restrictions, including no climbing of ladders, ropes, or scaffolds; only occasional climbing of ramps and stairs and occasional stooping, kneeling, crouching, and crawling; only frequent (not constant) exposure to workplace hazards; unskilled, routine, and repetitive tasks performed at a non-production pace; and only occasional interaction with the public. The ALJ spent seven pages explaining that this finding rested on the record of Calhoun's treatment over time, her generally normal examination findings, the opinions of the four state-agency consultants, and her reported activities. The ALJ found Dr.

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preponderance of the evidence, that the claimant can perform other work that 'exists in significant numbers in the national economy,' considering the claimant's residual functional capacity, age, education, and work experience." *Mascio v. Colvin*, 780 F.3d 632, 635 (4th Cir. 2015) (quoting 20 C.F.R. §§ 416.920(a)(4)(v), 416.960(c)(2), 416.1429). As in this case, this evidence normally takes the form of testimony by a vocational expert opining on whether jobs exist for a hypothetical person with the same limitations as the claimant.

Broman-Fulks's impairment assessment less persuasive than the consultants' opinions because it was not supported by treatment notes documenting normal mental status, the absence of ongoing mental-health treatment, and Calhoun's activities. The ALJ adopted the state-agency physicians' exertional findings except for their four-hour standing-and-walking limitation, which she found unsupported by a longitudinal record reflecting "few abnormalities," minimal knee treatment, and pain that Calhoun herself once described as "waxing and waning." J.A. 25.

At step four, the ALJ found that Calhoun had no past relevant work, so the inquiry proceeded to step five. Here, the ALJ relied on the testimony of a vocational expert. Asked about a hypothetical person of Calhoun's age and education who possessed the RFC that the ALJ found, the expert identified three representative light, unskilled occupations that such a person could perform: housekeeping cleaner, marker, and mail clerk. J.A. 70. The ALJ then asked the expert to assume that the same individual could stand and walk for only *four* hours in an eight-hour workday. J.A. 70–71. Under that added limitation, the expert testified that the mail clerk and marker jobs would remain available—the mail clerk because it involves "a great deal of time in a seated position," and the marker in a reduced number (approximately 80,000 rather than 335,000 positions)—and that a router position (approximately 50,000 positions) would also be available. J.A. 71–72. The occupations the ALJ ultimately identified—mail clerk, router, and marker—were thus the occupations the expert gave for an individual limited to four hours of standing and walking. Relying on this information, the ALJ concluded that Calhoun was not disabled and denied her benefits.

The Appeals Council denied review, rendering the ALJ's decision the Commissioner's final decision. The district court granted summary judgment to the Commissioner, and Calhoun timely appealed.[3]

II. DISCUSSION

A. Standard of Review

When the Appeals Council denies review, we review the ALJ's decision as the final decision of the Commissioner. *See Brown v. Comm'r of Soc. Sec. Admin.*, 873 F.3d 251, 267 (4th Cir. 2017). "We must uphold the ALJ's decision if the ALJ applied correct legal standards and if the factual findings are supported by substantial evidence." *Dowling v. Comm'r of Soc. Sec. Admin.*, 986 F.3d 377, 382–83 (4th Cir. 2021) (quotation omitted).[4]

Substantial evidence is a "term of art" in administrative law, and "means—and means only—such relevant evidence as a reasonable mind *might* accept as adequate to support a conclusion." *Biestek v. Berryhill*, 587 U.S. 97, 102–03 (2019) (emphasis added) (citations omitted); *see also Allentown Mack Sales & Serv., Inc. v. NLRB*, 522 U.S. 359, 377 (1998) (explaining that substantial evidence review "requires not the degree of evidence which satisfies the *court* that the requisite fact exists, but merely the degree which *could* satisfy a reasonable factfinder"). Substantial evidence constitutes "more than a

[3] The district court had jurisdiction to review the Commissioner's final decision under 42 U.S.C. § 405(g), as incorporated for supplemental-security-income claims by § 1383(c)(3). We have jurisdiction over Calhoun's appeal from the district court's final judgment under 28 U.S.C. § 1291.

[4] Calhoun's challenges, at bottom, contest the sufficiency of the evidence and the adequacy of the ALJ's explanation.

scintilla of evidence, but less than a preponderance." *Pac Tell Grp., Inc. v. NLRB*, 817 F.3d 85, 90 (4th Cir. 2015). "[T]he threshold . . . is not high." *Biestek*, 587 U.S. at 103. Thus, "[w]here conflicting evidence allows reasonable minds to differ," the choice belongs to the Commissioner, and we defer to it. *Johnson v. Barnhart*, 434 F.3d 650, 653 (4th Cir. 2005) (quotation omitted). We do not "reweigh conflicting evidence, make credibility determinations, or substitute our judgment for that of the [ALJ]." *Id.* (quotation omitted).

But deference is not abdication. Courts cannot "reflexively rubber-stamp an ALJ's findings." *Lewis v. Berryhill*, 858 F.3d 858, 870 (4th Cir. 2017). Thus, while we defer to an ALJ's resolution of inconsistencies and ambiguities in the record, *see* 20 C.F.R. § 416.920b(b)(3), we must still be able to trace "an accurate and logical bridge from the evidence" to the ALJ's conclusions based on a consideration of the whole record. *Arakas v. Comm'r of Soc. Sec. Admin.*, 983 F.3d 83, 95 (4th Cir. 2020). The ALJ may not "simply cherrypick facts that support a finding of nondisability while ignoring evidence that points to a disability finding." *Id.* at 98 (quoting *Lewis*, 858 F.3d at 869). And the ALJ must "offer[] a sufficient rationale in crediting certain evidence and discrediting other evidence." *Shelley C. v. Comm'r of Soc. Sec. Admin.*, 61 F.4th 341, 353 (4th Cir. 2023). After all, "appellate *re*view is possible only when someone has first articulated a *view*." *Drumgold v. Comm'r of Soc. Sec. Admin.*, 144 F.4th 596, 605 (4th Cir. 2025). At the same time, the "logical bridge" requirement is a modest one: It asks only that the ALJ's reasoning be discernible, so that a reviewing court is not "left to guess" at the basis for the ALJ's findings. *Mascio*, 780 F.3d at 637.

Finally, we will set aside the decision for error only where the error is harmful. *See Drumgold*, 144 F.4th at 605 n.9. An error is harmless when the court can confidently conclude that no reasonable ALJ, fully crediting the relevant evidence, could have reached a different result. The "party challenging the agency action" has the burden of demonstrating prejudicial error. *Sea "B" Mining Co. v. Addison*, 831 F.3d 244, 254 (4th Cir. 2016); *see also Shinseki v. Sanders*, 556 U.S. 396, 407–08 (2009) (explaining that a court reviewing an agency decision applies the harmless-error rule used in ordinary civil cases and assesses harmlessness through "case-specific application of judgment, based upon examination of the record," rather than "through the use of mandatory presumptions and rigid rules").

B. Substantial Evidence Supports the ALJ's Evaluation of Dr. Broman-Fulks's Opinion

Calhoun contends that the ALJ inadequately evaluated Dr. Broman-Fulks's opinion. She is wrong. For claims filed after March 27, 2017, an ALJ does "not defer or give any specific evidentiary weight, including controlling weight, to any medical opinion(s)." 20 C.F.R. § 416.920c(a). Instead, the ALJ evaluates each opinion's persuasiveness, with "supportability" and "consistency" as the most important factors and the only two she must expressly address. § 416.920c(b)(2); *see Drumgold*, 144 F.4th at 605–06. Supportability looks inward, asking how well a source's own "objective medical evidence and supporting explanations" sustain its opinion. § 416.920c(c)(1). Consistency looks outward, asking how well that opinion accords with "the evidence from other medical sources and

nonmedical sources" in the record. § 416.920c(c)(2).[5] The two need not rise or fall together: A well-supported opinion may clash with the broader record, and a poorly supported one may fit it. But the inquiries can overlap. When an opinion's supporting explanation rests on the claimant's history, both inquiries will look to the record.

To assess the ALJ's treatment of that opinion, begin with the opinion itself. Dr. Broman-Fulks examined Calhoun once, in February 2020. His report records his own observations: Calhoun was polite and cooperative, her thought process was goal-directed, and she displayed no psychotic symptoms; her memory, fund of information, abstraction, and judgment were intact on testing; and although she "appeared to freeze up" and looked to her father early in the session, she "began to speak more frequently" as it progressed. J.A. 363; *see also* J.A. 364 (noting Calhoun's prescription for Sertraline (Zoloft) had "reportedly provided some benefit"). Her measured deficits were narrow—a below-average estimated intellect, a reduced digit span, and an inability to solve a simple multi-step wage problem. J.A. 363. Even so, Dr. Broman-Fulks opined that Calhoun was "severely impaired" in relating to others and in tolerating work-related stress. J.A. 364. He grounded that severity not in those clinical findings but in "the duration and severity of

[5] The rule defines supportability in the following way: "The more relevant the objective medical evidence and supporting explanations presented by a medical source are to support his or her medical opinion(s) or prior administrative medical finding(s), the more persuasive the medical opinions or prior administrative medical finding(s) will be." 20 C.F.R. § 416.920c(c)(1).

Consistency is similarly defined: "The more consistent a medical opinion(s) or prior administrative medical finding(s) is with the evidence from other medical sources and nonmedical sources in the claim, the more persuasive the medical opinion(s) or prior administrative medical finding(s) will be." § 416.920c(c)(2).

her symptomology"—the lifelong history of anxiety and agoraphobic avoidance that Calhoun and her father endorsed. J.A. 364.

The ALJ found this opinion "less persuasive" because the severity of the disability it described was "not supported by the remaining treatment notes of record." J.A. 25. Because Dr. Broman-Fulks rested his severity assessment on Calhoun's self-described history, the persuasiveness of that assessment turned on whether the record supported the assessment. The ALJ reasonably consulted the record to make that judgment, and the record supplied substantial—if not conclusive—support for the ALJ's supportability conclusion. *See Drumgold*, 144 F.4th at 606.

The ALJ similarly explained why she found Dr. Broman-Fulks's opinion in tension with the "remaining records," while she found the reviewing psychologists' opinions "more consistent with the evidence as a whole." J.A. 25. Calhoun's primary-care notes "typically document[ed] normal mental status," with "few reports of symptoms to such extent as documented" in Dr. Broman-Fulks's one-time examination. J.A. 25. Across her visits, Calhoun was repeatedly described as alert and oriented, coherent, and in no acute distress, with intact memory, good insight and judgment, and no psychotic symptoms.[6]

[6] Our dissenting colleague suggests that those entries that merely stated "normal" for her psychiatric exam should be disregarded because they may have reflected "stock language" that was "rarely updated." Dissenting Op. at 24–25. But "normal" was not the only description. And disregarding all of the varied notations because charts carry a few phrases forward is far from the only way to read these records. Indeed, two reviewing psychologists read these notes and understood them differently. Choosing among competing readings is the ALJ's task, not ours. *Johnson*, 434 F.3d at 653.

Both reviewing psychologists relied on that record—and on their own review of Dr. Broman-Fulks's report—to conclude that Calhoun had no disabling deficits.

Between the two reviewing psychologists, the ALJ credited the assessment of Dr. Harrison, the initial reviewer, whose finding of "moderate" limitations in "paragraph B" areas the ALJ found "more consistent with the evidence as a whole" than Dr. Dilger's assessment of lesser limitations. J.A. 25. Dr. Harrison found Calhoun able to understand, remember, and carry out simple instructions; to sustain an ordinary routine and adapt to routine workplace changes; and to relate appropriately to coworkers and supervisors on a limited basis. The moderate limitations that Dr. Harrison did find were confined to more demanding tasks—carrying out detailed instructions, sustaining concentration for extended periods, and interacting with the public—not to the simple, routine work to which Calhoun was restricted by the ALJ's RFC finding.[7]

[7] There is no inconsistency in the ALJ's having credited Dr. Harrison's assessment as "more consistent with the evidence as a whole," J.A. 25, while finding Calhoun able to maintain concentration for two-hour periods, J.A. 19, despite Dr. Harrison's worksheet indication that Calhoun could sustain concentration for periods "of *at least* 30 minutes." J.A. 89 (emphasis added). Assessing the RFC is the responsibility of the ALJ, not of any single reviewer, and the ALJ was not obliged to adopt verbatim each entry on Dr. Harrison's worksheet. *See* 20 C.F.R. § 416.946(c); *Sizemore v. Berryhill*, 878 F.3d 72, 80–81 (4th Cir. 2017). What the ALJ credited was Dr. Harrison's rating of *moderate* limitation in concentration, persistence, or pace. J.A. 25. The ALJ then translated that moderate limitation into specific work-related restrictions—including a limitation to unskilled, routine, repetitive tasks at a non-production pace and the ability to sustain concentration in two-hour intervals. J.A. 19. There is no "categorical rule" that moderate limitations in concentration, persistence, or pace must yield any particular RFC restriction; where the ALJ's discussion of the medical evidence provides substantial support for the limitations chosen, that is enough. *Shinaberry v. Saul*, 952 F.3d 113, 121 (4th Cir. 2020); *Sizemore*, 878 F.3d at 80–81. Here, the ALJ canvassed Calhoun's longitudinal record and the reviewing psychologists' assessments, J.A. 19–26, and that discussion supplied substantial evidence for the finding that Calhoun could maintain concentration for two-hour periods.

The decision to credit the reviewing psychologists' assessments over a less supported, one-time examination is a familiar exercise of the ALJ's authority to "resolve" any "conflicting medical evidence." *Richardson v. Perales*, 402 U.S. 389, 399 (1971); *Hays v. Sullivan*, 907 F.2d 1453, 1456 (4th Cir. 1990). As just one example, we confronted a materially similar configuration in *Drumgold* and affirmed the ALJ's denial of benefits. There, as here, the ALJ found opinions consistent with a treatment record reflecting managed symptoms more persuasive than a more restrictive opinion, and credited the consistent assessments of state-agency reviewers. *See Drumgold*, 144 F.4th at 606–08. So too here. The ALJ's reasoning can be followed, and her conclusion clears the substantial-evidence bar.[8]

C. Any Error in the ALJ's Standing-and-Walking Finding Was Harmless

Calhoun's principal challenge on appeal is that the ALJ failed to build a logical bridge from the record to the finding that Calhoun could stand and walk for six hours in an eight-hour workday. In reaching that finding, the ALJ departed upward from the only medical opinions on the subject, those of Drs. Sandhu and Olivares. Both of those doctors opined that Calhoun could stand and walk for *four* hours per workday. Calhoun argues

[8] The dissent argues that the ALJ erred by not finding that Calhoun met Listing 12.06 at step three. But this argument depends on crediting Dr. Broman-Fulks. Since the ALJ permissibly discounted Dr. Broman-Fulks's report, we reject the dissent's derivative step-three argument.

The dissent also believes we must remand because the ALJ made "no explicit findings" on Calhoun's ability to work with regularity. Dissenting Op. at 28. But an RFC is by definition an assessment of what a claimant can do "on a regular and continuing basis." SSR 96-8p, 61 Fed. Reg. 34,474. An RFC finding for a range of light work therefore "implicitly contain[s] a finding" that the claimant can work. *Hines v. Barnhart*, 453 F.3d 559, 563 (4th Cir. 2006). That finding here rests on substantial evidence.

that the ALJ selectively read the records of her daily activities to reach that conclusion. *See Arakas*, 983 F.3d at 98, 101; *Oakes v. Kijakazi*, 70 F.4th 207, 216 (4th Cir. 2023).

This is a close question. Calhoun argues with some force that the ALJ did not adequately explain how record evidence justified rejecting the expert view that Calhoun's exertional capacity was limited to four hours of standing and walking. And we have repeatedly warned ALJs against "extrapolating from daily and life activities that a claimant has . . . the ability to do sustained work-related activities on a regular and continuing basis." *Oakes*, 70 F.4th at 216 (cleaned up); *see also Arakas*, 983 F.3d at 100. But we need not decide whether the ALJ built an adequate bridge to the six-hour finding. Even assuming she did not, the error could not have changed the outcome, because the ALJ's analysis at step five was consistent with the very four-hour standing-and-walking limitation that Calhoun claims was ignored. And "we will not remand a case to the agency unless we not only see an error but find it harmful." *Drumgold*, 144 F.4th at 605 n.9; *see also Mascio*, 780 F.3d at 639–40 (explaining that "error[s]" in the "analysis of residual functional capacity" can be "harmless"); *Patterson v. Comm'r of Soc. Sec. Admin.*, 846 F.3d 656, 658, 662 (4th Cir. 2017).

Start with the step-five findings themselves. The occupations the ALJ relied upon—mail clerk, router, and marker—were the occupations that the vocational expert identified for a person limited to *four* hours of standing and walking. *See* J.A. 26–27, 70–72. The expert explained that the mail-clerk position, for example, involves "a great deal of time in a seated position," J.A. 71; the router and a portion of marker jobs likewise met the more restrictive parameters. When asked about an individual without that added limitation, the

expert listed the housekeeping cleaner position, and cited a larger number of marker jobs, but the ALJ did not rely upon either when determining that Calhoun could perform work that "exists in significant numbers in the national economy" at step five. *Compare* J.A. 70 *with* J.A. 71–72. The ALJ's reliance on the more restricted set of occupations constituted substantial evidence that Calhoun could perform work existing in significant numbers in the national economy even if she were limited to four hours of standing and walking.

Because the six-hour standing-and-walking RFC finding was not necessary to the ALJ's determination at step five—and, thus, to the finding that Calhoun was not disabled—any deficiency in the ALJ's explanation of this finding does not warrant remand. Calhoun cannot meet her burden to show that an error was harmful here: The vocational expert's testimony establishes, without guesswork, that an individual limited to four hours of standing and walking could perform the occupations that the ALJ identified. The administrative record enables us to see that the standing-and-walking finding made no difference to the outcome of Calhoun's application. Remand for a fuller explanation of an immaterial finding would serve no purpose. Any error in the ALJ's standing-and-walking finding is therefore harmless. *See Shinseki*, 556 U.S. at 407–08.[9]

D. The Educational Finding Is Supported by Substantial Evidence

Finally, Calhoun argues that the ALJ erred at step five by treating her as having "at least a high school education." J.A. 26. Not so. The regulations make a claimant's

[9] Calhoun also contends that the ALJ failed to assess whether she could sustain work activity on a regular and continuing basis given the *combined effect* of her impairments and obesity. But the ALJ expressly found that "the combined impact of the claimant's other

completed grade level the default measure of her educational abilities unless other evidence contradicts it. 20 C.F.R. § 416.964(b). And Calhoun's evidence did not require the ALJ to disregard her completed grade level. She repeatedly reported that she graduated from high school and thereafter pursued cosmetology coursework. To be sure, Calhoun received special-education services and identified weaknesses in reading and math. But the ALJ accounted for those limitations where they mattered—by restricting the analysis to unskilled, routine, repetitive work at a non-production pace. The medical-opinion evidence supports Calhoun's ability to perform such work: The reviewing psychologists found Calhoun capable of simple, routine tasks, and even Dr. Broman-Fulks rated her abilities to

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impairments with obesity would not preclude the performance of work at the level specified in [the RFC]," J.A. 24, and grounded that finding in the same longitudinal treatment history, examination findings, and consultant opinions discussed above. Because the ALJ "stated that the whole record was considered, and, absent evidence to the contrary, we take her at her word," that finding survives substantial-evidence review. *Reid v. Comm'r of Soc. Sec.*, 769 F.3d 861, 865 (4th Cir. 2014).

Calhoun separately argues that the ALJ never assessed whether she could sustain work given her agoraphobia. But the ALJ did not ignore the issue. The ALJ found agoraphobia to be a severe impairment, acknowledged Calhoun's testimony that she did not leave home alone, but ultimately found that the condition was "not as severe as alleged." J.A. 22. That finding has support in the record. Dr. Broman-Fulks's view that Calhoun could not "perform[] any activities that required her to leave home on a regular basis," J.A. 364, was part of the same opinion the ALJ permissibly found less persuasive. The two reviewing psychologists, who had reviewed Dr. Broman-Fulks's report, assessed no more than moderate limitation in Calhoun's ability to interact with others. And the ALJ noted that Calhoun had applied—online and in person—for several jobs, including stocking and bartending positions. From that evidence, the ALJ built a logical bridge to an RFC restricting Calhoun to routine work with only occasional interaction with the public, which is the very limitation that the reviewers' assessments supported. The ALJ's path from the evidence to that finding is reasonably discernible, and substantial evidence supports it. *Cf. Brown*, 873 F.3d at 269. The dissent seeks to attribute the "paucity of the record evidence on her agoraphobia" to Calhoun's focus on her other health issues. Dissenting Op. at 26. Even if that were a plausible way to interpret the lack of record evidence, it is not the only reasonable way to do so.

understand instructions and to perform simple, repetitive tasks as no more than moderately impaired. We have upheld a similar approach to accounting for a claimant's borderline intellectual disability and moderate limitations in concentration, persistence, or pace. *See Shinaberry*, 952 F.3d at 121.

* * *

This is a narrow decision that highlights the importance of our standard of review. We hold only that the ALJ's challenged findings are supported by substantial evidence or, as to the single standing-and-walking finding, that any failure of explanation was harmless. We do not suggest that the record *compelled* the ALJ's conclusions, nor that a different factfinder could not reasonably have reached a different result. Under the deferential standard that governs our review, those are not the questions before us. Because the agency's decision falls within the bounds that substantial-evidence review permits, the judgment of the district court is

AFFIRMED

GREGORY, Circuit Judge, dissenting:

The ALJ made two errors that warrant reversing the judgment of the district court. First, the ALJ lacked substantial evidence to conclude that Calhoun did not meet the criteria for an anxiety disorder. The opinion failed to account for the repeated and uncontradicted testimony that Calhoun's severe anxiety was manageable only in the carefully curated circumstances in which she lived. Second, the ALJ failed to build a logical and accurate bridge to the conclusion that Calhoun was capable of regular, sustained work. The Government urges this Court to uphold the ALJ's "implicit[]" rejection of Calhoun's arguments, even when uncontradicted evidence shows that Calhoun's many medical impairments would cause her to miss work frequently. Response Br. at 26. But we are not entitled to accept the ALJ's reasoning on faith alone, particularly when that conclusion flies in the face of the record. I would therefore reverse the judgment of the district court.

I.

First, a brief recitation of the facts. Brandy Calhoun applied for supplemental security income ("SSI") in 2019, alleging blood clots, migraines, numbness in legs and feet, high blood pressure, obesity, and agoraphobia. At the time of her application, she was 23 years old, 5 feet, 3 inches tall and approximately 375 pounds. She completed high school with accommodations but has limited intellectual functioning.

Calhoun's life is challenging. Her function report, which she authored, described persistent issues with leg numbness and agoraphobia using mostly one-syllable words with frequent spelling errors. She testified that she can only sit for about ten minutes, or stand

for about fifteen minutes, before her legs go numb. A ramp was installed at her parents' trailer home, where Calhoun lives, because she has difficulty climbing the four stairs into the trailer. She experiences constant pain in her right knee from a dislocated patella. Surgery is recommended, but she is ineligible because of her weight. She also experiences enervative headaches approximately ten days a month. Her most impactful issue appears to be her agoraphobia, with which she was diagnosed in 2018. As she describes it, Calhoun suffers panic attacks the day before any scheduled obligations at the thought of interacting with anyone unfamiliar. That debilitating anxiety caused her to quit the cosmetology program she started, avoid the recommended group therapy, and quit the aquatic therapy she started for her knee pain.

One result of Calhoun's panic attacks is that she never goes anywhere by herself. She is always accompanied by a trusted person, typically one of her parents. Group therapy was recommended to her, but she never attended because the anticipation of speaking to a group brought on additional panic attacks. Instead, she spends her days inside: painting, reading, watching videos on YouTube, and texting her friend and her cousin. J.A. 46–49. Her prescription for Zoloft helps, reportedly allowing her to take occasional trips to Walmart, so long as she is still accompanied by her parents. J.A. 361. Outside of the Walmart trips, Calhoun rarely leaves her house. She seems to have a friend, whom she visits once a month, and on holidays she visits her grandmother's house. As far as the record indicates, those few activities form the full extent of her regular life.

After submitting her application, Calhoun was examined by Dr. Joshua Broman-Fulks, a consultant from the North Carolina Department of Health and Human Services.

He interviewed Calhoun, who responded to questions with the assistance of her father. Dr. Broman-Fulks noted that she "appears to be of relatively low intellectual functioning," and therefore "would be quite limited in the types of work she would be capable of performing due to her limited cognitive abilities." J.A. 364. For instance, she was unable to answer how much a person could earn working five hours at nine dollars per hour. On the subject of Calhoun's agoraphobia, Dr. Broman-Fulks determined that Calhoun is severely impaired in "[h]er ability to relate to others, including fellow workers and supervisors" and "[h]er ability to tolerate stress and pressures associated with day to day work activity." *Id.* He further indicated that she is moderately impaired in "[h]er ability to understand, retain, and follow instructions" and "[h]er ability to perform simple repetitive tasks and to persist in those tasks." *Id.* Overall, Dr. Broman-Fulks concluded that "it does not appear that Calhoun would be capable of performing any activities that required her to leave home on a regular basis." *Id.*

Two additional government experts then examined Calhoun's medical records, including Dr. Broman-Fulks' report. Dr. Jacquelyn Harrison and Dr. Mark Dilger differed slightly in their assessments of those records, but each concluded that Calhoun's impairments were not at the level of severity determined by Dr. Broman-Fulks. The ALJ ultimately sided with Drs. Harrison and Dilger and denied Calhoun's application.

II.

The ALJ concluded that Calhoun did not satisfy the criteria for an anxiety impairment. That conclusion was manifestly contrary to the record, which paints a clear

picture of a woman reliant on her family and her routines to manage her aggressive panic attacks.

As part of the five-step process for making a disability determination, the ALJ asked "at step three, whether the medical impairments meet or equal an impairment listed in the regulations." *Mascio v. Colvin*, 780 F.3d 632, 634 (4th Cir. 2015). If the ALJ had determined that Calhoun's impairments matched a listed impairment, the inquiry would have concluded with a finding of disability. *Id.* at 635. We review the ALJ's conclusions for substantial evidence. *Biestek v. Berryhill*, 587 U.S. 97, 102–03 (2019).

Social Security Administration regulations define an anxiety or obsessive-compulsive impairment with three categories: A, B, and C. 20 C.F.R. Part 404, Subpart P, App. 1, § 12.06. The claimant must meet the A criteria, and then either the B or C criteria, to qualify for an anxiety or obsessive-compulsive impairment. *Id.* Per the B criteria, the claimant must demonstrate that she has an "extreme limitation of one, or marked limitation of two" of the following areas of mental functioning: 1) understanding, remembering, or applying information; 2) interacting with others; 3) concentrating, persisting, or maintaining pace; 4) adapting or managing oneself. The regulations provide definitions for each of these limitation categories. *Id.* § 12.00(E). The ALJ analyzed only the B and C criteria, and finding that Calhoun fulfilled neither, determined that Calhoun did not have an anxiety or obsessive-compulsive impairment.

In reaching this conclusion, the ALJ rejected the evidence from Calhoun's testimony, the diagnosis of her treating physician, and the report from the first government expert to evaluate Calhoun. Calhoun explained at her hearing that she cannot go places by

herself because she will "get sick just thinking about" going places alone, often manifesting in a panic attack. J.A. 61–62. She described that her panic spells severely limit her activities to the point that she is incapable of leaving her house on her own. J.A. 61. Calhoun's agoraphobia with panic caused her to drop out of cosmetology school, quit water aerobics, and avoid group therapy. These symptoms are consistent with her diagnosis of "agoraphobia with panic spells" from her personal physician, Dr. Charles Baker. J.A. 436.

Calhoun's testimony, and Dr. Baker's diagnosis, are consistent with Dr. Broman-Fulks' conclusions. As described above, Dr. Broman-Fulks concluded that Calhoun appeared incapable of leaving home on a regular basis. His diagnosis mapped neatly onto the Part B criteria: Calhoun's "severe" impairments, as identified by Dr. Broman-Fulks, constitute "extreme" impairment in the ability to "interact with others" and "adapt or manage oneself." 20 C.F.R. Part 404, Subpart P, App. 1, § 12.00(E). The majority opinion does not dispute that if the ALJ had found Dr. Broman-Fulks' report persuasive, then she would have found that Calhoun met the B criteria for an anxiety disorder.

The majority opinion declines to mention several facts that I believe relevant to the analysis, but one is the most damning: Dr. Broman-Fulks is the *government's own expert*. Pursuant to SSA regulations, the government called in a consultant physician from the North Carolina Department of Health and Human Services, to examine Calhoun. *See* 20 C.F.R. §§ 404.1513a, 404.1517. The majority opinion notes only that Dr. Broman-Fulks "was not one of Calhoun's treating doctors," as though that undermines the credibility of his evidence. Maj. Op. at 3. The opposite is true. It was the government's own expert that deemed Calhoun disabled.

Apparently dissatisfied with the opinion of its first expert, the government called in two more physicians to review Calhoun's record (but not to meet with her, as Dr. Broman-Fulks had). These two physicians reviewed the medical evidence in the record and ultimately rejected Dr. Broman-Fulks' assessment. Faced with competing government experts, the ALJ sided with the reviewing doctors and against Calhoun, Dr. Baker, and Dr. Broman-Fulks. The ALJ offered four reasons for that decision: 1) primary care notes "typically document normal mental status," 2) Calhoun "has not received any consistent ongoing mental health treatment," 3) Calhoun "reported hobbies including painting, doing crafts, and spending time with at least one friend," and 4) Calhoun told a physician in 2019 that she had recently attended a concert, which demonstrated that her agoraphobia "was not as severe as alleged." J.A. 22-25.

The flaw in the ALJ's logic is that it ignores the carefully calibrated lifestyle that has allowed Calhoun to manage her symptoms. The record paints a clear picture of a troubled, low-functioning woman who is largely if not entirely reliant on her parents' presence for emotional stability. The ALJ assumed that removing Calhoun from her stable environment would not trigger the debilitating symptoms that litter the record, but any support for that conclusion is borne out of an obvious misreading of Calhoun's medical history.

First, the ALJ misrepresents the record in asserting that Calhoun's primary care notes "typically document normal mental status." J.A. 25. Whenever Calhoun visited a doctor, a visit summary was produced that listed her history, her active problems, and her reason for the appointment. That visit summary typically listed a "psychiatric exam" that indicated certain psychiatric factors were "normal." *See, e.g.*, J.A. 468. If these notes

suggested that Calhoun was submitting to regular psychiatric examination, that would certainly be sufficient evidence for the ALJ's conclusion that Calhoun was not disabled.

However, the "normal" mental status appears instead to be stock language in a section of Calhoun's medical chart that is rarely updated. For instance, for a stretch of sixteen months encompassing several doctor visits, the visit summary described that Calhoun "has been on the Keto diet for four months (since June)." *E.g.*, J.A. 616, 864. It makes perfect sense that Calhoun's physicians would not be updating the "psychiatric exam" portion of her chart, since Calhoun's frequent visits typically involved other concerns, such as her keloid scars and her breast abscess. Further complicating the ALJ's picture of this record is that Calhoun's "problem list" always listed her "anxiety disorder" as "active." *E.g.*, J.A. 466, 865. Stock language in a medical chart is hardly evidence that can be used to undercut an actual diagnosis.

Nor is it compelling that Calhoun, whose life was carefully curated to manage her crippling anxiety, spent her time addressing other of her myriad health problems. The ALJ counted it against Calhoun that few medical records showed Calhoun complaining to her doctors about agoraphobia. But while Calhoun could manage her agoraphobia symptoms, other issues remained. During the relevant period, Calhoun was living at home with her parents and had already dropped out of cosmetology school. Her life, as she described it, was almost entirely confined to her room, with outings only to her grandmother's house, to see her one friend, or to visit Walmart with her parents. In her comfortable and sheltered routine, it is no wonder that a patient with more than fifteen "active" problems—including migraines, insomnia, leg swelling, and incontinence—would focus her time on other issues.

The two state experts who downplayed the severity of Calhoun's agoraphobia referenced only these treatment records in reaching their recommendations. But in the context of Calhoun's testimony, the paucity of the record evidence on her agoraphobia is plainly the result of Calhoun's many other pressing health issues that took precedence. Agoraphobia already effectively trapped Calhoun in her room, and it was error for the ALJ to demand that Calhoun continue to seek treatment, especially while other issues demanded more immediate attention.

Calhoun's hobbies are also consistent with agoraphobia. The ALJ counts her hobbies against her, as though "painting, doing crafts, and spending time with at least one friend" were somehow evidence that Calhoun was inflating her symptoms. That is a bizarre assertion, and one that the majority opinion does not even attempt to defend. Calhoun did her painting and crafting indoors. She visited a friend—and there appears to be just the one friend—approximately once per month. If any of those activities is inconsistent with an agoraphobia that prevents Calhoun from being on her own, or with unfamiliar people, the ALJ did not articulate how.*

* The majority opinion also omits any reference to Calhoun's so-called "concert" attendance. Calhoun indicated to a physician in November 2019 that she had recently attended a concert, a statement which the ALJ relied upon heavily to demonstrate that Calhoun's agoraphobia "was not as severe as alleged." J.A. 22. Despite the ALJ's emphasis on this point, the revelation is gleaned only from notes on a medical chart and missing crucial details. We do not know whether Calhoun joined a stadium full of Taylor Swift fans or watched a street musician in a local park. Crucially, we do not know whether her parents—whose presence, per the record, appears necessary to managing Calhoun's anxiety—accompanied her to this "concert."

(Continued)

The key flaw of the ALJ's opinion is that it sees reduced symptoms where all the evidence points instead to carefully managed symptoms. Neither the ALJ nor the majority opinion disputes that Calhoun was diagnosed with severe anxiety which continues to play an oppressive role in her life. It is true that when Calhoun is able to while away the days in her room, or with her parents, she does not exhibit acute symptoms. But the ALJ's inquiry should not be narrowly focused on Calhoun's current symptoms—it must consider Calhoun's capacities in the workplace. Nothing in the record suggests that Calhoun could function outside in the workplace, without the mitigating presence of her parents. On that point, the relevant evidence was Calhoun's testimony, her treating physician's diagnosis, and the analysis of the government's expert, Dr. Broman-Fulks. The contrary evidence by the ALJ provides no support for the ALJ's conclusion, and thus the ALJ erred in determining at step three that Calhoun did not meet the conditions for an anxiety disorder.

III.

I agree with my colleagues that the ALJ's finding with respect to Calhoun's ability to stand and walk was harmless error, since the occupations identified by the ALJ were consistent with a reduced stand-and-walk capacity. But the majority does not mention the more pertinent error the ALJ made at step five. The ALJ offered no support, nor any explicit discussion, of Calhoun's ability to work with regularity.

I do not fault the majority for glossing over this point, since it only detracts from the ALJ's opinion. I note it here to respond fully to the ALJ's supporting evidence, and because it is representative of the dismissiveness the ALJ exhibited regarding Calhoun's serious impairments.

A residual function capacity assessment determines an individual's ability to do sustained work "on a regular and continuing basis," meaning "8 hours a day, for 5 days a week, or an equivalent work schedule." SSR 96-8p, 61 Fed. Reg. 34474. "Suppose that half the time she is well enough that she could work, and half the time she is not. Then she could not hold down a full-time job." *Shelley C. v. Comm'r of Soc. Sec. Admin.*, 61 F.4th 341, 357 (4th Cir. 2023) (quoting *Schink v. Comm'r of Soc. Sec. Admin.*, 935 F.3d 1245, 1267 (11th Cir. 2019)). The vocational expert here testified to the ALJ that a person who would require more than 5 unexcused absences per year would not be able to hold a job.

As I described above, Calhoun testified that her agoraphobia prevented her from completing obligations, such as her cosmetology program and the aquatic therapy for her knee injury. *See* J.A. 56–57, 60–61. Calhoun also testified that she experiences debilitating headaches approximately ten days every month. J.A. 64–65. Nothing in the record refuted that assertion. Even the two government experts who reviewed her medical record only gave opinions as to the severity of Calhoun's anxiety, not to her capacity to work "8 hours a day, for 5 days a week." SSR 96-8p, 61 Fed. Reg. 34474. Overall, the evidence clearly indicates that Calhoun would require more than five unexcused absences every year, which the vocational expert testified would prevent Calhoun from holding a job.

The ALJ made no explicit findings with respect to Calhoun's ability to work with regularity. The government acknowledges this, but it encourages us to hold nonetheless that the ALJ's determination of Calhoun's residual function capacity "implicitly" contains the conclusion that Calhoun has the capacity to do regular, continuing work. Response Br. at 25–26 (quoting *Hines v. Barnhart*, 453 F.3d 559, 562-63 (4th Cir. 2006)). The majority

opinion, perhaps taking its cues from the ALJ, does not address whether this aspect of the ALJ's opinion was sufficient.

The ALJ's "implied" conclusion on Calhoun's capacity for regular work, given the one-sided evidence on this point in the record, is not sufficient. Social Security Ruling 96-8p requires "a narrative discussion describing how the evidence supports each conclusion." SSR 96-8p, 61 Fed. Reg. 34474, 34478. A "necessary predicate" to engaging in review of an ALJ's decision is "a record of the basis for the ALJ's ruling, including . . . specific application of the pertinent legal requirements to the record evidence." *Monroe v. Colvin*, 826 F.3d 176, 189 (4th Cir. 2016) (internal quotations omitted). Here, the ALJ reviewed Calhoun's medical history, but she provided no explanation as to which elements of this history supported a finding that Calhoun was capable of regular, continuing work. This Court is "left to guess" about how the ALJ reached her implied conclusion, against the record evidence, about Calhoun's capacity to show up to work with sufficient regularity to keep a job; therefore "remand is necessary." *Mascio*, 780 F.3d at 637.

IV.

Our standard of review is indeed deferential to the ALJ, but it does not authorize us to look past fundamental errors of logic, nor paper over glaring deficits of reasoning. I would have reversed the district court, and therefore I respectfully dissent.