

NOT FOR PUBLICATION

FILED

UNITED STATES COURT OF APPEALS

OCT 16 2026

FOR THE NINTH CIRCUIT

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

PHYLLIS M. DOUGLAS,

Plaintiff - Appellant,

v.

FRANK BISIGNANO, Commissioner of
Social Security,

Defendant - Appellee.

No. 25-7283

D.C. No.

1:24-cv-00100-TJC

MEMORANDUM*

Appeal from the United States District Court
for the District of Montana
Timothy J. Cavan, Magistrate Judge, Presiding

Submitted October 14, 2026**
Missoula, Montana

Before: TALLMAN, BEA, and BRESS, Circuit Judges.

Plaintiff-Appellant Phyllis M. Douglas appeals the district court's judgment upholding the Commissioner of Social Security's denial of her application for disability insurance benefits under Title II of the Social Security Act. We have

* This disposition is not appropriate for publication and is not precedent except as provided by Ninth Circuit Rule 36-3.

** The panel unanimously concludes this case is suitable for decision without oral argument. *See* Fed. R. App. P. 34(a)(2).

jurisdiction under 28 U.S.C. § 1291, and we affirm.

1. The Administrative Law Judge (ALJ) provided “clear and convincing reasons” for rejecting Douglas’s subjective symptom testimony about the severity of her symptoms. *Rollins v. Massanari*, 261 F.3d 853, 857 (9th Cir. 2001). The ALJ found that Douglas’s symptom testimony was inconsistent with both her daily living activities and objective medical evidence in the record. Specifically, the ALJ noted that (1) despite Douglas’s testimony about a tremor, she could dress herself and attend to her personal needs and grooming without assistance; and (2) despite her testimony that she needed breaks and relied on others for assistance, she could still prepare simple meals, shop, drive, climb stairs, and complete other household tasks. The ALJ also explained that the medical evidence showed that Douglas’s tremor remained well-controlled with medication and that her lower back pain improved with injections and over-the-counter pain medication.

We “do not require ALJs to perform a line-by-line exegesis of the claimant’s testimony.” *Lambert v. Saul*, 980 F.3d 1266, 1277 (9th Cir. 2020). The record evidence relied on by the ALJ is more than sufficient to support her conclusion that Douglas’s symptoms were not as limiting as alleged. *See Biestek v. Berryhill*, 587 U.S. 97, 103 (2019); *Brown-Hunter v. Colvin*, 806 F.3d 487, 493 (9th Cir. 2015).

2. Substantial evidence supports the ALJ’s residual functional capacity (RFC) determination that Douglas could perform light work, including standing and

walking for six hours per day. The ALJ’s discussion of both medical and other evidence fairly summarized the record and accounted for both positive and negative findings in the treatment notes and examination reports. *See* 20 C.F.R. § 404.1545(a)(3) (RFC determination must be “based on all of the relevant medical and other evidence”).

3. Because substantial evidence supports the ALJ’s RFC finding and the determination to discount Douglas’s symptom statements, the vocational expert hypotheticals properly accounted for the limitations that the ALJ found to be supported by the record. *See Nadon v. Bisignano*, 145 F.4th 1133, 1138 (9th Cir. 2025); *Kitchen v. Kijakazi*, 82 F.4th 732, 742 (9th Cir. 2023).

4. Douglas appears to argue that the ALJ failed to properly evaluate medical opinions, signs, and findings. But she fails to identify any specific medical opinions, signs, or findings that the ALJ misevaluated. The argument is therefore waived, and we decline to consider it. *See Indep. Towers of Wash. v. Washington*, 350 F.3d 925, 929 (9th Cir. 2003).

To the extent Douglas challenges the validity of the agency’s 2017 regulations governing the evaluation of medical evidence, we have already upheld the agency’s revised regulations and determined that the standard of review for the ALJ’s assessment of medical opinions is substantial evidence. *See Cross v. O’Malley*, 89 F.4th 1211, 1214 (9th Cir. 2024); *Woods v. Kijakazi*, 32 F.4th 785, 787 (9th Cir.

2022). To the extent Douglas contends that the 2017 regulations do not address how the agency should evaluate medical signs and findings, we reject that argument also. *See* 20 C.F.R. § 404.1529 (describing how the agency should evaluate symptom statements against objective medical evidence, including medical signs and findings).

AFFIRMED.