SAFETY, REHABILITATION AND COMPENSATION ACT 1988 – GUIDE TO THE ASSESSMENT OF THE DEGREE OF PERMANENT IMPAIRMENT EDITION 2.1 (CONSOLIDATION 1)

This consolidation incorporates the *Safety, Rehabilitation and Compensation Act 1988 – Guide to the Assessment of the Degree of Permanent Impairment Edition 2.1* ('Edition 2.1') as prepared by Comcare and approved by the Minister for Tertiary Education, Skills, Jobs and Workplace Relations on 2 November 2011 with effect from 1 December 2011 and as varied by the *Safety, Rehabilitation and Compensation Act 1988 – Guide to the Assessment of the Degree of Permanent Impairment Edition 2.1 – Variation No.1 of 2011* ('Variation 1 of 2011') as approved by Comcare and approved by the Minister for Tertiary Education, Skills, Jobs and Workplace Relations on 29 November 2011 with effect from 1 December 2011.

NOTES:

1. **Edition 2.1 and Variation 1 of 2011 were each prepared by Comcare under subsection 28(1) of the *Safety, Rehabilitation and Compensation Act 1988* and approved by the Minister under subsection 28(3) of that Act.**
2. **Edition 2.1 was registered on the Federal Register of Legislative Instruments as F2011L02375 and Variation 1 of 2011 was registered as F2011L02519.**
3. **This compilation was prepared on 30 November 2011 in accordance with section 34 of the *Legislative Instruments Act 2003* substituting paragraph 3 (Application of this Guide) to Edition 2.1 as in force on 1 December 2011.**

GUIDE TO THE ASSESSMENT OF THE DEGREE OF PERMANENT IMPAIRMENT

Edition 2.1

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1. Authority

Division 4 of Part II (sections 24 to 28) of the Commonwealth's *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act) provides for payment of lump sum compensation for permanent impairment and non-economic loss resulting from a work related injury.
The amount of compensation payable (if any) is to be assessed by reference to the degree of permanent impairment and the degree of non-economic loss determined by Comcare under the provisions of the approved guide:
'approved guide' is defined by section 4 of the SRC Act as meaning:
(a) the document, prepared by Comcare in accordance with section 28 under the title 'Guide to the Assessment of the Degree of Permanent Impairment', that has been approved by the Minister and is for the time being in force; and
(b) if an instrument varying the document has been approved by the Minister—that document as so varied.
Authority for this document rests therefore in subsections 28(1), 28(2) and 28(3) of the SRC Act, which provide that:
(1) Comcare may, from time to time, prepare a written document, to be called the 'Guide to the Assessment of the Degree of Permanent Impairment', setting out:

(a) criteria by reference to which the degree of the permanent impairment of an employee resulting from an injury shall be determined
(b) criteria by reference to which the degree of non-economic loss suffered by an employee as a result of an injury or impairment shall be determined; and
(c) methods by which the degree of permanent impairment and the degree of non economic loss, as determined under those criteria, shall be expressed as a percentage.

(2) Comcare may, from time to time, by instrument in writing, vary or revoke the approved Guide.
(3) A document prepared by Comcare under subsection (1), and an instrument under subsection (2), have no force or effect unless and until approved by the Minister.
This document is the new *Guide to the Assessment of the Degree of Permanent Impairment*. It may be referred to as 'this guide' or 'Edition 2.1 of the guide'. This guide is binding on Comcare, licensed authorities and corporations, and the Administrative Appeals Tribunal (subsection 29(4) of the SRC Act).

2. Structure of this guide

This guide is divided into two parts:

Part 1—Claims for Permanent Impairment other than Defence-related claims

This part deals with the assessment of claims other than defence-related claims as defined in Part XI of the SRC Act. That is, claims made under the SRC Act by employees who are not members of the Australian Defence Force.

Part 2—Defence-related claims for permanent impairment

This part deals with the assessment of defence-related claims as defined in Part XI of the SRC Act. That is, claims made under the SRC Act by members of the Australian Defence Force in relation to injuries which occurred during defence service before 1 July 2004.

The responsibility for development of any guide that applies to members of the Australian Defence Force in respect of injuries incurred after the commencement of the *Military Rehabilitation and Compensation Act 2004* (MRC Act) will fall to the Military Rehabilitation and Compensation Commission (MRCC).

Part 1 of this guide has three divisions:

DIVISION 1—Division 1 is used to assess the degree of an employee's permanent impairment resulting from an injury.

DIVISION 2—Division 2 is used to assess the degree of an employee's non-economic loss resulting from impairment.

DIVISION 3—Division 3 is used to calculate the total entitlement based on the assessments completed in Divisions 1 and 2.

The Principles of Assessment and Glossary in Part 1 of this guide contain information relevant to the interpretation and application of Part 1, Divisions 1 and 2.

Part 2 of this guide has two divisions:

DIVISION 1—Division 1 is used to assess the degree of an employee's permanent impairment resulting from an injury.

DIVISION 2—Division 2 is used to assess the degree of an employee's non-economic loss resulting from impairment.

The Principles of Assessment and Glossary in Part 2 of this guide contain information relevant to the interpretation and application of Part 2, Divisions 1 and 2.

3. Application of this guide

The *Guide to the Assessment of the Degree of Impairment* prepared by the Commission for the Safety, Rehabilitation and Compensation of Commonwealth Employees under section 28(1) of the *Commonwealth Employees' Rehabilitation and Compensation Act 1988* and approved by the Minister of State for Industrial Relations by notice in writing dated 27 July 1989 is referred to as the 'first edition of the guide'.

The first edition of the guide was revoked and the second edition of the guide applied in relation to permanent impairment claims made under sections 24, 25 or 27 of the SRC Act on and from 1 March 2006. Claims under those sections received on or before 28 February 2006 continue to be determined under the provisions of the first edition of the guide.

The second edition of the guide is revoked on and from 1 December 2011 and edition 2.1 of the guide applies from that date. This edition varies the second edition by addressing medical ambiguities identified by medical practitioners using

the second edition of the guide, addressing various errata and providing a 10% impairment rating for all tables within the guide. Edition 2.1 of the Guide does not change the structure of the second edition of the guide or the composition of benefits payable.

Except as provided below, Part 1 of Edition 2.1 of the guide applies to permanent impairment claims under sections 24, 25 or 27 of the SRC Act received by the relevant authority on and from 1 December 2011.

Part 2 of this Guide applies to defence-related claims for permanent impairment under sections 24, 25 or 27 of the SRC Act received by the relevant authority on and from 1 December 2011 for injuries related to defence service rendered before 1 July 2004.

Where a request by an employee pursuant to subsection 25(1) of the SRC Act (in respect of interim payment of permanent impairment compensation) is received by the relevant authority on or after 1 December 2011, but relates to a claim under section 24 of the SRC Act that was received by the relevant authority on or before 28 February 2006, that request must be determined under the provisions of the first edition of the guide.

Where a request by an employee pursuant to subsection 25(1) of the SRC Act (in respect of interim payment of permanent impairment compensation) is received by the relevant authority on or after 1 December 2011, but relates to a claim under section 24 of the SRC Act that was received by the relevant authority on or after 1 March 2006 but before 1 December 2011, that request must be determined under the provisions of the second edition of the guide.

Where a claim for compensation pursuant to subsections 25(4) or 25(5) of the SRC Act (in respect of a subsequent increase in the degree of permanent impairment) is received by the relevant authority on or after 1 December 2011, that claim must be determined under the provisions of this edition of the guide, notwithstanding that the initial claim for compensation for permanent impairment may have been determined under the provisions of the previous editions of this guide.

However, where the initial claim for compensation for permanent impairment was determined under the provisions of the first or second edition of the guide, in determining whether or not there has been any subsequent increase in the degree of permanent impairment under this edition of the guide, the degree of permanent impairment or the degree on non-economic loss shall not be less than the degree of permanent impairment or degree of non-economic loss that was determined under the provisions of first or second edition of the guide unless that determination would not have been made but for a false statement or misrepresentation of a person.

In this guide, ‘relevant authority’ and ‘defence-related claims’ have the same meaning as defined in section 4 and Part XI of the SRC Act.

4. Whole person impairment (WPI)

Prior to 1988, the *Compensation (Commonwealth Government Employees) Act 1971* (repealed with the coming into effect of the SRC Act) provided for the payment of lump sum compensation where an employee suffered the loss of, or loss of efficient use of, a part of the body or faculty, as specified in a table of maims. The range of conditions compensated was exclusive and did not reflect the broad range of work-related injuries and diseases.
This guide, like the previous editions, is, for the purposes of expressing the degree of impairment as a percentage, based on the concept of 'whole person impairment'. Subsection 24(5) of the SRC Act provides for the determination of the degree of permanent impairment of the employee resulting from an injury, that is, the employee as a whole person. The whole person impairment concept, therefore, provides for compensation for the permanent impairment of any body part, system or function to the extent to which it permanently impairs the employee as a whole person. Whole person impairment is assessed under Division 1 of Parts 1 and 2 of this guide.

5. Entitlements under the SRC Act

Where the degree of permanent impairment of the employee (other than a hearing loss) determined under subsection 24(5) of the SRC Act is less than 10 per cent, paragraph 24(7)(b) of the SRC Act provides that compensation is not payable to the employee under section 24 of that Act.
Subsection 24(8) of the SRC Act excludes the operation of subsection 24(7) in relation to impairment resulting from the loss, or the loss of the use, of a finger or toe, or the loss of the sense of taste or smell.
For injuries suffered by employees after 1 October 2001, subsection 24(7A) of the SRC Act provides that, if the injury results in a permanent impairment that is a hearing loss, the 10% threshold does not apply. In those cases, subsection 24(7A) provides that there is no compensation payable if the permanent impairment that is binaural hearing loss is less than 5%.

6. Non-economic loss

Subsection 27(1) of the SRC Act provides that where there is liability to pay compensation in respect of a permanent impairment, additional compensation for non-economic loss is payable in accordance with section 27.
Non-economic loss is assessed under Division 2 of Parts 1 and 2 of this guide.

7. Compensation Payable

The maximum level of payment is prescribed in the legislation and indexed annually on 1 July in accordance with the Consumer Price Index. Compensation is calculated at the rate applicable at the time of the assessment (In Part 1 of this guide, see Division 3 for calculation of total entitlement).

8. Interim and final assessments

On the written request of the employee under subsection 25(1) of the SRC Act, an interim determination must be made of the degree of permanent impairment suffered and an assessment made of an amount of compensation payable to the employee, where:

- a determination has been made that an employee has suffered a permanent impairment as a result of an injury
- the degree of that impairment is equal to or more than 10%
- a final determination of the degree of permanent impairment has not been made.

When a final determination of the degree of permanent impairment is made, there is payable to the employee, under subsection 25(3) of the SRC Act, an amount equal to the difference, if any, between the final determination and the interim assessment.

9. Increase in degree of whole person impairment

Where a final assessment of the degree of permanent impairment has been made and the level of whole person permanent impairment subsequently increases by 10% or more in respect of the same injury, the employee may request, pursuant to subsection 25(4) of the SRC Act, another assessment for compensation for permanent impairment and non-economic loss. Additional compensation is payable for the increased level of impairment only.

For injuries suffered by employees after 1 October 2001, pursuant to subsection 25(5) of the SRC Act, if the injury results in a permanent impairment that is a hearing loss, there may be a further amount of compensation payable if there is a subsequent increase in the binaural hearing loss of 5% or more.

See section 3 above (Application of this guide) as to assessments of the degree of permanent impairment made under the previous editions of the guide.

PART 2

DEFENCE-RELATED CLAIMS

FOR PERMANENT IMPAIRMENT

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American Medical Association, 2001, *Guides to the Evaluation of Permanent Impairment*, 5th edition, Chicago: American Medical Association.

PART 2

Principles of assessment

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1. Impairment and non-economic loss

Impairment means 'the loss, loss of use, damage or malfunction, of any part of the body, bodily system or function or part of such system or function'. It relates to the health status of an individual and includes anatomical loss, anatomical abnormality, physiological abnormality and psychological abnormality. Throughout this guide emphasis is given to loss of function as a basis of assessment of impairment and as far as possible objective criteria have been used. The degree of impairment is assessed by reference to the impact of that loss by reference to the functional capacities of a normal healthy person.

Impairment is measured against its effect on personal efficiency in the 'activities of daily living' in comparison with a normal healthy person. The measure of 'activities of daily living' is a measure of primary biological and psychosocial function such as standing, moving, feeding and self care.

Non-economic loss, which is assessed in accordance with Part 2, Division 2 of this guide, is a subjective concept of the effects of the impairment on the employee's life. It includes pain and suffering, loss of amenities of life, loss of expectation of life and any other real inconveniences caused by the impairment.

Whilst 'activities of daily living' are used to assess impairment they should not be confused with 'lifestyle effects' which are used to assess non-economic loss. 'Lifestyle effects' are a measure of an individual's mobility and enjoyment of, and participation in, recreation, leisure activities and social relationships. It is emphasised that the employee must be aware of the losses suffered. While employees may have equal ratings of impairment it would not be unusual for them to receive different ratings for non-economic loss because of their different lifestyles.

2. Employability and incapacity

The concepts of 'employability' and 'incapacity' are not included in the assessment of impairment and non-economic loss. Incapacity is influenced by factors other than the degree of impairment and is compensated by weekly payments which are in addition to these payments.

3. Permanent

Permanent means 'likely to continue indefinitely'. In determining whether an impairment is permanent regard shall be had to:

1. the duration of the impairment
2. the likelihood of improvement in the employee's condition
3. whether the employee has undertaken all reasonable rehabilitative treatment for the impairment
4. any other relevant matters.

An impairment will generally be regarded as permanent when the recovery process has been completed, i.e. when the full and final effects of convalescence, the natural healing process and active (as opposed to palliative) medical treatment has been achieved.

4. The impairment tables

Part 2, Division 1 of this guide is based on the concept of 'whole person impairment' which is drawn from the American Medical Association's Guides.
Evaluation of a whole person impairment is a medical appraisal of the nature and extent of the effect of an injury or disease on a person's functional capacity and activities of daily living.
As with the American Medical Association's Guides, Part 2, Division 1 of this guide is structured by assembling detailed descriptions of impairments into groups according to body system and expressing the extent of each impairment as a percentage value of the functional capacity of a normal healthy person. Thus a percentage value can be assigned to an employee's impairment by reference to the relevant description in this guide.

5. Gradations of impairment

Each table contains impairment values at gradations of 5% or multiples of five percent. Where it is not clear which of two impairment values is more appropriate, the relevant authority has the discretion to determine which value properly reflects the degree of impairment.
There is no discretion to choose an impairment value not specified in Part 2 of this guide. For example, where 10% and 20% are specified values there is no discretion to determine impairment as 15%.
Where a table provides for impairment values within a range, consideration will need to be given to all criteria applicable to the condition, which includes performing activities of daily living and an estimate of the degree to which the medical impairment interferes with these activities. In some cases, additional information may be required to determine where to place an individual within the range. The person conducting the assessment must provide written reason why he or she considers the selected point within the range as clinically justifiable.

6. Combined impairments

Impairment is system or function based. A single injury may give rise to multiple loss of function. When more than one table applies to a single injury separate scores should be allocated to each functional impairment. Where there is an initial injury which results in impairment, and a second injury which results in impairment to the same bodily system or function occurs, the pre-existing impairment must be disregarded when assessing the degree of impairment of the second injury. The second injury should be assessed by reference to the functional capacities of a normal healthy person. The final scores are then added together.

7. Double assessment

The possibility of double assessment for a single loss of function must be guarded against. For example, it would be inappropriate to assess a lower limb amputation by reference to both the amputation table 9.3 and the lower extremity table 9.2 in Part 2, Division 1 of this guide.
Where an employee suffers from more than one impairment arising from the same injury, the values are not added but are combined using the Part 2 combined values table. The purpose of this table is to give the total effect of all impairments, according to a formula, as a percentage value of the employee's whole bodily system or function.

8. Fingers and toes

Impairment relating to the loss or injury to a finger or toe refers not only to amputation or total loss of efficient use of the whole digit, but also to partial loss of efficient use of a digit.

9. Inapplicability of Part 2 of this guide

In the unlikely event that an employees' impairment is of a kind that cannot be assessed in accordance with the provisions of part 2 of this guide, the relevant authority may direct that assessment be made under the provisions of the American Medical Association's Guide to the Evaluation of Permanent Impairment, 5th edition, 2001.

10. Interim assessments

To ensure that the possibility of entitlement to a permanent impairment payment does not impede the rehabilitation process provision is made for interim assessment and payment of compensation.
Assessment for an interim payment will apply mainly in cases undergoing active treatment where the final outcome of the treatment is not known but a minimum permanent impairment can be measured. Care should be taken to ensure that further treatment will not reduce the impairment which must be at least 10%. Interim payment will generally not apply where the impairment has stabilised or where the only change in impairment would be due to progressive degeneration.

11. Application of Part 2 of the guide

This part deals with the assessment of defence-related claims as defined in Part XI of the SRC Act. That is, claims made under the SRC Act by members of the Defence Force in relation to injuries which occurred during defence service before 1 July 2004.
The responsibility for development of any Guide that applies to members of the Defence Force in respect of injuries incurred after the commencement of the *Military Rehabilitation and Compensation Act 2004* (MRC Act) will fall to the Department of Veterans Affairs.
The fact that an injury occurred before 1 December 1988 does not disqualify a claimant from access to a payment for permanent impairment.

- if the impairment became permanent prior to 1 December 1988 entitlement is assessed under the Compensation Commonwealth Government Employees Act 1971
- if the impairment became permanent after 1 December 1988 entitlement is assessed under the SRC Act unless it is to be assessed under the MRC Act.

12. Likelihood of reduction in degree of impairment

The relevant authority shall have regard to medical opinion concerning the nature and effect (including possible effect) of the injury and the extent (if any) to which impairment resulting from the injury or non-economic loss resulting from the injury or impairment, may reasonably be capable of being reduced or removed. In particular, regard shall be had to an employee's unreasonable failure or refusal to act in accordance with medical advice or to submit to medical treatment which would reduce the degree of impairment.

13. Aggravation

A permanent impairment assessment in respect of an aggravation should not be made unless the effects of an aggravation are considered permanent. If the employee's impairment is entirely attributable to a pre-existing or underlying condition, or to the natural progression of such a condition the assessment for permanent impairment should be nil.
Where it is possible to isolate the compensable effects of an injury upon a pre-existing or underlying condition the assessment of the degree of permanent impairment should reflect only the impairment due to those compensable effects.

Glossary

Activities of daily living are those activities that an employee needs to perform to function in a non-specific environment, i.e. to live. The measure of activities of daily living is a measure of primary biological and psychosocial function. They are:

- Ability to receive and respond to incoming stimuli
- Standing
- Moving
- Feeding (includes eating but not the preparation of food)
- Control of bladder and bowel
- Self care (bathing, dressing etc)
- Sexual function.

Ailment means any physical or mental ailment, disorder, defect or morbid condition (whether of sudden onset or gradual development).

Disease means:

(a) an ailment suffered by an employee

(b) an aggravation of such an ailment

that was contributed to, to a significant degree, by the employee's employment by the Commonwealth or a licensee.

Impairment means the loss, the loss of the use, or the damage or malfunction, of any part of the body or of any bodily system or function or part of such system or function.

Injury means:

(a) a disease suffered by an employee

(b) an injury (other than a disease) suffered by an employee, that is a physical or mental injury arising out of, or in the course of, the employee's employment

(c) an aggravation of a physical or mental injury (other than a disease) suffered by an employee (whether or not that injury arose out of, or in the course of, the employee's employment), that is an aggravation that arose out of, or in the course of, that employment

but does not include a disease, injury or aggravation suffered as a result of reasonable administrative action taken in a reasonable manner in respect of the employee's employment.

Loss of amenities means the effects on mobility, social relationships and recreation and leisure activities.

Non-economic loss means loss or damage of a non-economic kind suffered by the employee (including pain and suffering, a loss of expectation of life or a loss of the amenities or enjoyment of life) of which the employee is aware.

Pain and suffering includes physical pain as well as mental distress resulting from the accepted conditions or impairment. For example, grief, anguish, fear, frustration, humiliation, embarrassment etc.

Glossary continues on following page

Glossary (continued)

Whole person impairment is the methodology used for expressing the degree of impairment of a person, resulting from an injury, as a percentage and is drawn from the American Medical Association Guide to the Evaluation of Permanent Impairment where it is there referred to as ‘whole man’ impairment. Evaluation of whole person impairment is a medical appraisal of the nature and extent of the effect of an injury or disease on a person’s functional capacity and on the activities of daily living. The guides are structured by assembling detailed descriptions of impairments into groups according to body system and expressing the extent of each impairment as a percentage value of the functional capacity of a normal healthy person. Thus, a percentage value can be assigned to an employee’s impairment by reference to the relevant description in this guide.

PART 2

Division 1—Impairment

1. Cardio-vascular system

Table 1.1: Assessments of symptomatic activity levels
(Percentage whole person impairment)
Table of metabolic costs of activities will be provided for purposes of assessment. Examples of conditions with which it can be used are ischaemic heart disease, rheumatic heart disease and hypertension.

Male

Symptomatic level of activity (in METs)										
AGE (Yrs)	1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	10+
18-30	95	80	70	60	50	45	35	25	10	5
31-40	95	80	70	60	50	40	30	15	5	-
41-50	95	75	65	50	40	25	15	5	-	-
51-60	95	75	60	45	30	15	10	5	-	-
61-70	95	70	55	40	25	10	5	-	-	-
70+	95	65	45	30	10	-	-	-	-	-

Female

Symptomatic level of activity (in METs)										
AGE (Yrs)	1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	10+
18-30	95	80	65	60	40	25	15	10	5	-
31-40	95	80	60	45	35	20	5	-	-	-
41-50	95	75	60	45	30	15	5	-	-	-
51-60	95	75	55	35	20	10	5	-	-	-
61-70	95	70	45	30	10	5	-	-	-	-
70+	95	65	30	15	5	-	-	-	-	-

Table 1.2: Peripheral vascular disease
(Percentage whole person impairment)

%	Description of level of impairment
0	The claimant experiences neither intermittent claudication nor ischaemic pain at rest.
5	The claimant has no difficulty with distances but experiences ischaemic pain on climbing steps or gradients.
10	The claimant experiences claudication on walking 200 metres or more at an average walking pace on level ground.
20	The claimant experienced claudication on walking more than 100 but less than 200 metres at average pace on level ground.
30	The claimant experiences claudication on walking more than 75 but less than 100 metres at average pace on level ground.
40	The claimant experiences claudication on walking more than 50 but less than 75 metres at average pace on level ground.
50	The claimant experiences claudication on walking more than 25 but less than 50 metres at average pace on level ground.
60	The claimant experiences claudication on walking less than 25 metres at average pace on level ground.
70	The claimant experiences ischaemic pain at rest.

Table 1.3: Varicose veins, deep venous thrombosis, oedema, ulceration
(Percentage whole person impairment)

%	Description of level of impairment
0	One or more of the following: • varicose veins—may be gross but cause no significant restriction of activities • oedema—mild or transient • skin reaction—mild or transient and minimal limitation of activities of daily living (although exacerbation may temporarily increase the extent of limitation).
10	Any one of the following which necessitates intermittent treatment including a short period of admission to hospital or confinement to home: • varicose veins—with recurrent superficial phlebitis • oedema—persistent and incompletely controlled • ulceration—superficial, transient.
15	Any two of the following which necessitate intermittent treatment including a short period of admission to hospital or confinement to home: • varicose veins—with recurrent superficial phlebitis • oedema—persistent and incompletely controlled • ulceration—superficial, transient.
20	All of the following which necessitate intermittent treatment including a short period of admission to hospital or confinement to home: • varicose veins—with recurrent superficial phlebitis • oedema—persistent and incompletely controlled • ulceration—superficial, transient.
30	Any one of the following which needs continuous treatment including periodic admission to hospital or confinement to residence: • deep venous thrombosis • oedema—marked and only partly controlled by elastic support or medication • ulceration—persistent, widespread or deep.
40	Any two of the following which need continuous treatment including periodic admission to hospital or confinement to residence: • deep venous thrombosis • oedema—marked and only partly controlled by elastic support or medication • ulceration—persistent, widespread or deep.

%	Description of level of impairment
50	Severe bilateral deep venous thrombosis which needs continuous treatment including long periods of admission to hospital or confinement to residence.
60	Any two of the following which need continuous treatment including long periods of admission to hospital or confinement to residence: • severe bilateral deep venous thrombosis • marked oedema that cannot be controlled • severe ulceration.

2. Respiratory system

Table 2.1: Ventilatory function
(Percentage whole person impairment)
The major test of respiratory impairment is the ventilatory function test or respiratory test. Predictive nomograms for the forced expiratory volume over one second (FEV_1) and the forced vital capacity (FVC) are at figures 2.1 (males) and 2.2 (females).

%	Ventilatory function % of predicted value
0	More than 85
10	85
15	80
20	75
25	70
30	65
35	60
40	55
45	50
50	45
55	40
60	35
65	30
70	25

Notes:
X-rays may be normal in any of the above categories. Measurement of FEV_1 and Forced Vital Capacity (FVC) should be performed with a Vitalograph® spirometer or equivalent instrument. Three readings should be taken and the largest of these used to calculate impairment.

FIGURE 2.1: Prediction nomogram—males

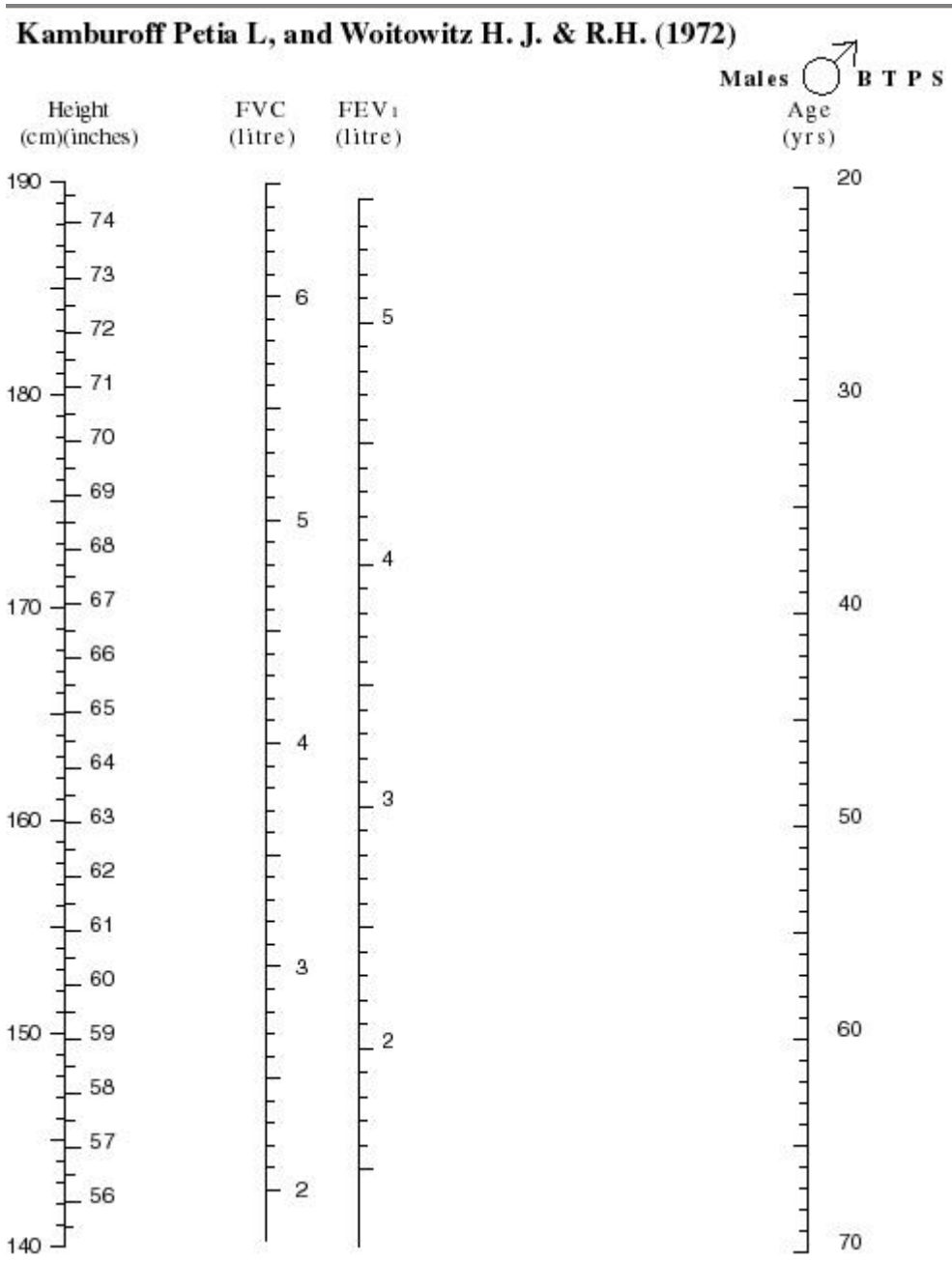
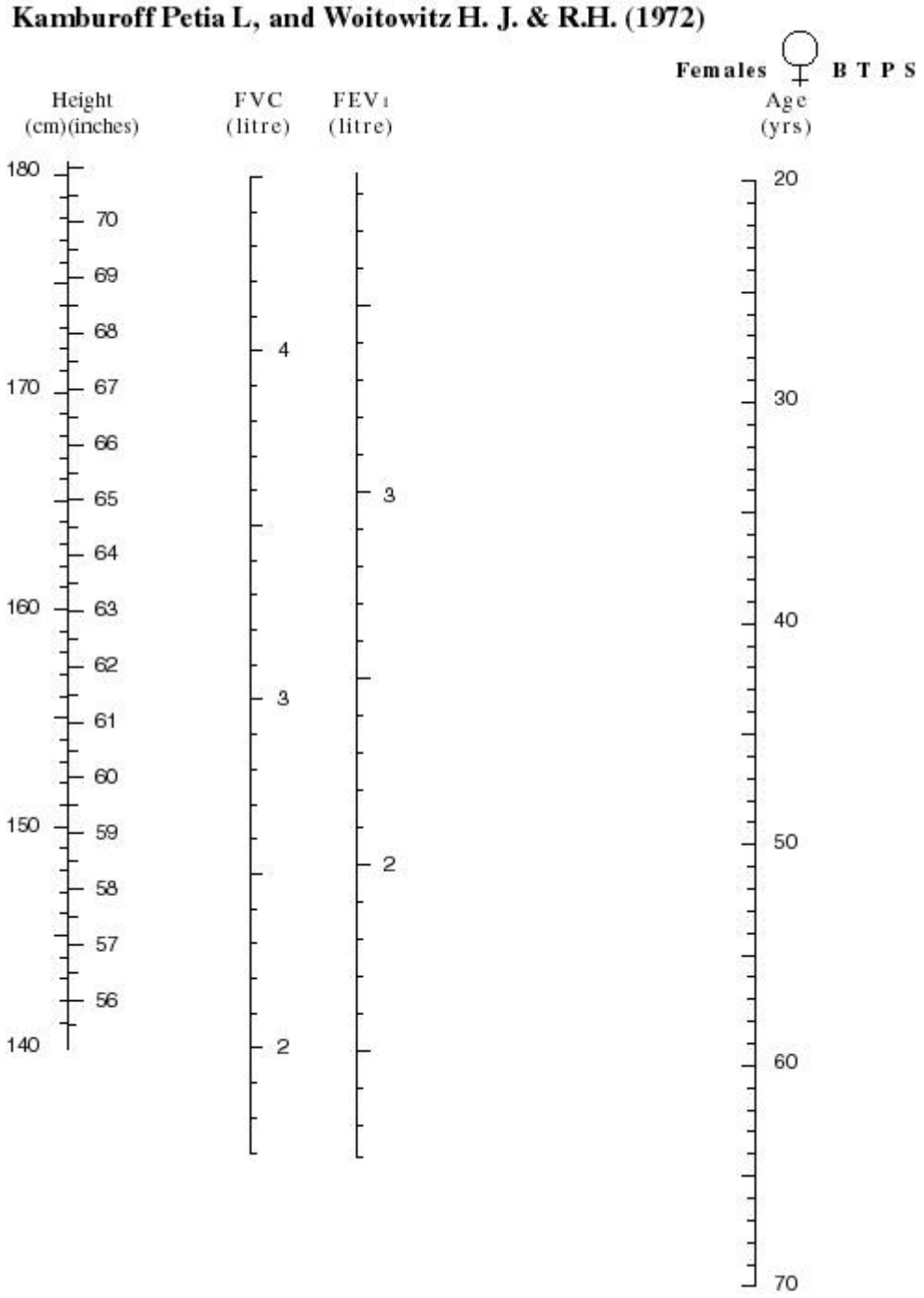


FIGURE 2.2: Prediction nomogram—females



3. Endocrine system

Table 3.1
(Percentage whole person impairment)
The effects of diabetes mellitus in other systems (for example, the vascular and visual systems) should be assessed from the appropriate tables and combined with values from the table above using the combined values table (Table 14.1).

%	Description of level of impairment
0	Any one of the following: • thyroid disease adequately controlled with thyroxine replacement • primary hyperparathyroidism; parathyroid adenoma removed; replacement therapy not indicated • asymptomatic Paget's disease • asymptomatic osteoporosis or other bone disease, with or without treatment.
5	Diabetes mellitus satisfactorily controlled by diet and/or oral medication
10	Any one of the following: • thyroid disease which cannot be adequately treated with thyroxine • primary hyperparathyroidism; parathyroidectomy; replacement therapy required • symptomatic Paget's disease • symptomatic osteoporosis • other bone disease WITH pain not completely controlled by continuous therapy.
15	Diabetes mellitus requiring dietary adjustment and insulin.
20	Diabetes mellitus not satisfactorily controlled despite vigorous therapy.

4. Skin disorders

Table 4.1 Functional loss

In the evaluation of impairment resulting from a skin disorder the actual functional loss is the prime consideration, rather than the extent of cutaneous involvement. Where the condition affects the face Table 4.2 may be more appropriate.

%	Description of level of impairment
0	The condition is absent on examination or if present can easily be reversed by appropriate medication or other treatment and causes no interference with activities of daily living when present.
5	The condition requires treatment for lengthy periods but causes no interference with activities of daily living when present.
10	The condition is absent on examination or if present can easily be reversed by appropriate medication or treatment and causes minor interference with activities of daily living when present.
20	The condition requires treatment for periods in aggregate up to three months per year and causes interference with activities of daily living when present.
30	The condition requires treatment for periods in aggregate up to four months per year and causes minor interference with activities of daily living when present.
40	The condition requires treatment for periods in aggregate up to four months per year and causes major interference with activities of daily living when present.
45	The condition requires treatment for periods in aggregate up to six months per year and causes minor interference with activities of daily living when present.
50	The condition requires treatment for periods in aggregate up to six months per year and causes major interference with activities of daily living when present.
60	The condition requires treatment for periods in aggregate up to nine months per year and causes major interference with activities of daily living when present.
70	The condition requires treatment for periods in aggregate up to nine months per year and causes major interference with activities of daily living when present.
75 - 100	The condition is present all the time and requires treatment for between 9 and 12 months of the year and causes major interference with activities of daily living.

Notes:
Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.

Table 4.2: Facial disfigurement

(Percentage whole person impairment)
When evaluating impairment due to facial injury or disease, three factors need to be considered. First, the functional components of the face must be evaluated (for example the effects of the condition on communication, respiration, eating, visual function, hearing, etc).
Second, the cosmetic effects should be considered. These are not truly an impairment, but for the purposes of evaluation are deemed to be equivalent to certain impairments. These deemed values are set out below. Cosmetic defects should be assessed when all feasible cosmetic surgery has been completed and should take into account the beneficial effects of the use of cosmetics etc.
Third, facial disfigurement may result in behavioural changes. These should be assessed in accordance with the criteria in Table 5.1 'Psychiatric and Behavioural Disorders'.
Where more than one deformity is present from the same band or different bands, a value should be allotted to each and these should be combined using the Combined Values Table (see Appendix 1).

%	Description of level of impairment
0	Normal facial appearance or any scarring above the brow line.
5	Any of the following: • cutaneous scars or pigmentation • unilateral facial paralysis • distortion of the nose • loss or deformity of the external ear.
10	Any of the following: • disfigurement of the orbit • bilateral facial paralysis • depression of the zygoma • depression of the frontal bones • severe scarring below the upper lip.
15	Loss of part of nose.
25	Loss of the entire nose.
35	Severe disfigurement of the entire area between the brow and the upper lip on both sides.

5. Psychiatric conditions

Table 5.1
Includes psychoses, neuroses, personality disorders and other diagnosable conditions. The assessment should be made on optimum medication at a stage where the condition is reasonably stable.

%	Description of level of impairment
0	Reactions to stresses of daily living WITHOUT loss of personal or social efficiency AND retained capability of performing activities of daily living without supervision or assistance.
5	Despite the presence of ONE of the following, employee is capable of performing activities of daily living without supervision or assistance: • reactions to stresses of daily living with minor loss of personal or social efficiency • lack of conscience-directed behaviour without harm to others or self • minor distortion of thinking.
10	Despite the presence of more than one of the following, employee is capable of performing activities of daily living without supervision or assistance: • reactions to stresses of daily living with minor loss of personal or social efficiency • lack of conscience-directed behaviour without harm to others or self • minor distortion of thinking.
15	Any of the following, accompanied by a need for some supervision and direction in activities of daily living: • reactions to stresses of daily living which cause modification of daily living patterns • marked disturbances in thinking • definite disturbance in behaviour.
20	Any two of the following, accompanied by a need for some supervision and direction in activities of daily living: • reactions to stresses of daily living which cause modification of daily living patterns • marked disturbance in thinking • definite disturbance in behaviour.

%	Description of level of impairment
25	All of the following, accompanied by a need for some supervision and direction in activities of daily living: • reactions to stresses of daily living which cause modification of daily living patterns • marked disturbances in thinking • definite disturbances in behaviour.
30	Any one of the following, accompanied by a need for supervision and direction in activities of daily living: • hospital dischargees who require daily medication or regular therapy to avoid readmission • loss of self control and/or inability to learn from experience causing considerable damage to self or others.
40	Both of the following, accompanied by a need for supervision and direction in activities of daily living: • hospital dischargees who require daily medication or regular therapy to avoid readmission • loss of self control and/or inability to learn from experience causing considerable damage to self or others.
50	One of the following: • severe disturbances of thinking and/or behaviour which entails potential or actual harm to self and/or others • need for supervision and direction in a confined environment.
60	Both of the following • severe disturbances of thinking and/or behaviour which entails potential or actual harm to self and/or others • need for supervision and direction in a confined environment.
90	Very severe disturbance in all aspects of thinking and behaviour such as to require constant supervision and care in a confined environment and assistance with all activities of daily living.

6. Visual system

Table 6.1: Disorders of visual acuity
(Percentage whole person impairment)
Disorders such as nystagmus, conjunctivitis, impaired colour vision, night blindness and glaucoma (without visual loss) are usually binocular and cause minimal impairment. An assessment of 0 to 5 percent is appropriate for such conditions.
Visual field defects should be accurately mapped and assessed in accordance with the procedures dictated in the 2nd edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.
Impairment is based on corrected visual acuity.

Right eye												
LEFT EYE		6/6	6/9	6/12	6/18	6/24	6/30	6/36	6/48	6/60	3/60	NPL
	6/6	0	5	5	10	10	15	15	20	20	20	25
	6/9	5	10	10	15	15	20	20	25	25	30	30
	6/12	5	10	20	20	25	25	30	30	35	35	40
	6/18	10	15	20	30	30	35	35	40	40	40	45
	6/24	10	15	25	30	40	40	40	45	45	50	50
	6/30	15	20	25	35	40	45	50	50	55	55	60
	6/36	15	20	30	35	40	50	55	60	60	65	65
	6/48	20	25	30	40	45	50	60	65	70	70	75
	6/60	20	25	35	40	45	55	60	70	75	80	80
	3/60	20	30	35	40	50	55	65	70	80	85	85
	NPL	25	30	40	45	50	60	65	75	80	85	85

Note: NPL means no perceived light.

7. Ear, nose and throat disorders

Table 7.1: Hearing

(Percentage whole person impairment)

Hearing defects are assessed in accordance with the current procedures from the Australian National Acoustic Laboratories.

Once the binaural percentage loss of hearing has been calculated, it is then converted to a whole person impairment value.

The calculation for converting the percentage loss of hearing to a whole person percentage is:

$$\frac{\text{(Percentage loss of hearing)}}{2}$$

Table 7.2: Miscellaneous ear, nose and throat disorders
(Percentage whole person impairment)

%	Description of level of impairment
0	One or more of the following: • intermittent otorrhoea • intermittent otalgia and tinnitus • post nasal discharge, rhinorrhoea and sneezing • vertigo which does not interfere with any activities • other conditions which are controlled by medication or for which no medication is required.
5	Any of the following: • permanent otorrhoea • complete loss of olfaction or taste • permanent tinnitus.
10	Any of the following: • permanent otalgia • vertigo which interferes only with activities involving personal or public safety (for example, driving a car, operating machinery).
20	Vertigo which interferes with activities of daily living.
25	Permanent tracheostomy or stoma.
40	Vertigo which interferes with all activities except household duties and self care.
60	Vertigo which interferes with all activities to the extent that only self care can be managed and all other activity is impossible.
80	Vertigo such that the sufferer is confined to home and requires assistance with all activities, including self care.

8. Digestive system

Table 8.1: Disorders of the oesophagus, stomach, duodenum, small intestine, pancreas, colon, rectum and anus

(Percentage whole person impairment)

%	Description of level of impairment
0	Symptoms present but no anatomical loss or alteration.
5	Symptoms and/or signs present and there is anatomical loss or alteration but continuous treatment is not required and weight and nutrition are maintained at normal levels or mild incontinence of flatus or liquid stool.
10	Objective signs of disease present and at least one of the following: • dietary modification needed for control • drugs needed for control • loss of up to 10% of desirable weight per range on standard BMI chart.
15	Objective signs of disease present and at least two of the following: • dietary modification needed for control • drugs needed for control • loss of up to 10% of desirable weight per range on standard BMI chart..
20	Partial faecal incontinence requiring continual treatment or objective signs of disease present and all of the following: • dietary modification needed for control • drugs needed for control • loss of up to 10% of desirable weight per range on standard BMI chart..
25	Objective signs of disease present and one of the following: • dietary modification and drugs produce partial but incomplete control • loss of 10 to 20% of desirable weight per range on standard BMI chart..
30	Objective signs of disease present and both of the following: • dietary modification and drugs produce partial but incomplete control • weight loss of 10 to 20 percent of desirable weight per range on standard BMI chart..

%	Description of level of impairment
40	Objective signs of disease present with two of the following: • disturbed bowel habit • pain (periodic or continual) • continual manifestations (for example, fever or anaemia) • weight loss of 10 to 20 percent of desirable weight per range on standard BMI chart..
45	Complete faecal incontinence
50	Objective signs of disease present with all of the following: • disturbed bowel habit • pain (periodic or continual) • continual manifestations (for example, fever or anaemia) • weight loss of 10 to 20 percent of desirable weight per range on standard BMI chart..
55-75	Objective signs of disease present and a combination of the following: • severe persistent disturbance of bowel habit • severe persistent pain • constitutional manifestations • weight loss of more than 20 percent of desirable weight per range on standard BMI chart. • severe limitation of activity.

Notes:
Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.

Table 8.2: Disorders of the liver and biliary tract
(Percentage whole person impairment)

%	Description of level of impairment
0	Mildly abnormal liver function tests but adequate nutrition and strength with no other signs of disease.
5	Episodes of biliary colic twice a year or less frequently.
10	Stigmata of liver disease but no history of jaundice, ascites or bleeding oesophageal varices within the last five years. and Liver function tests normal or mildly abnormal.
15	Episodes of biliary colic three to five times a year.
20	Stigmata of liver disease with jaundice, ascites or bleeding oesophageal varices one to five years ago and liver function tests now normal or mildly abnormal.
25	Stigmata of liver disease with jaundice, ascites or bleeding oesophageal varices one to five years ago and liver function tests markedly abnormal.
40	Stigmata of liver disease with jaundice, ascites or bleeding oesophageal varices in the past year or objective signs of progressive liver disease.
50	Permanent irreparable biliary tract obstruction.
60	Objective signs of progressive liver disease with one of the following: • persistent jaundice • frequent, recurrent bleeding episodes • central nervous system manifestations of hepatic insufficiency.
70	Objective signs of progressive liver disease with two of the following: • persistent jaundice • frequent, recurrent bleeding episodes • central nervous system manifestations of hepatic insufficiency.
80	Objective signs of progressive liver disease with all of the following: • persistent jaundice • frequent, recurrent bleeding episodes • central nervous system manifestations of hepatic insufficiency.
95	Hepatic coma.

Table 8.3: Fistulae and herniae
(Percentage whole person impairment)

%	Description of level of impairment
5	Any of the following: • inguinal hernia (readily reducible) • ventral hernia, well supported.
10	Any of the following: • small recurrent inguinal hernia (operable but not readily reducible) • colostomy.
15	Any of the following: • large recurrent inguinal hernia (inoperable and not readily reducible) • oesophagostomy • gastrostomy • ventral hernia, not well supported.
20	Any of the following: • massive ventral hernia (inoperable, with severe diastasis of recti) • jejunostomy • ileostomy.

9. Musculo-skeletal system

(Percentage whole person impairment)

Introduction

These tables are intended to be used to assess impairment arising from specific joint lesions or amputations. Where the joints function normally but the use of a limb is restricted for other reasons, eg soft tissue injury, nerve injury or bony injury not involving joints, Tables 9.4 or 9.5 should be used. These Tables can be used to assess the impairment of overall limb function from any cause.

Note: either the musculo-skeletal table or Table 9.4 or 9.5 should be used—not both.

Assessment is in accordance with the range of joint movement. X-rays should not be taken solely for assessment purposes.

Table 9.1: Upper extremity

Values are for one joint only. Where more than one joint is affected, values should be combined using the combined values table (Appendix 1).

%	Description of level of impairment
0	X-ray changes but no loss of function of shoulder, elbow or wrist.
5	Any one of the following: • x-ray changes with minimal loss of function of shoulder, elbow or wrist • ankylosis of any joint of ring and / or small finger(s)
10	Any of the following: • loss of less than half normal range of movement of shoulder or elbow • loss of half normal range of movement of wrist • ankylosis of any joints of index and / or middle finger(s).
15	Any of the following: • loss of more than half normal range of movement of wrist • ankylosis of any joint(s) of thumb.
20	Any of the following: • loss of half normal range of movement of shoulder or elbow • ankylosis of wrist.
30	Loss of more than half normal range of movement of shoulder or elbow.
40	Ankylosis of shoulder or elbow.

Table 9.2: Lower extremity
(Percentage whole person impairment)
Assessment is in accordance with the range of joint movement. X-rays should not be taken solely for assessment purposes.
Where a joint has been surgically replaced assessment is in accordance with its function.
Shortening of the lower extremity by 2.5cm or more is in impairment of 5%.
For conditions not covered (such as flail joints) the assessor should have regard to the loss of function (not exceeding the maximum allowed for amputation).
Values are for one joint only. Where more than one joint is affected, values should be combined using the combined values table (Appendix 1).

%	Description of level of impairment
0	X-ray changes but no loss of function of hip, knee or ankle or ankylosis or lesser changes in any toes except the hallux.
5	Loss of less than half normal range of movement of ankle.
10	Any of the following: • loss of less than half normal range of movement of hip or knee • loss of half normal range of movement of ankle • ankylosis of hallux.
15	Loss of more than half normal range of movement of ankle.
20	Any of the following: • Loss of half normal range of movement of hip or knee • ankylosis of ankle.
30	Loss of more than half normal range of movement of hip or knee.
40	Ankylosis of hip or knee.

Table 9.3: Amputations and/or total loss of function
(Percentage whole person impairment)
Impairment relating to the loss of or injury to a finger or toe refers not only to amputation or total loss of efficient use of the whole digit, but also to partial loss of efficient use of a digit.

%	Description of level of impairment
5	Any of the following: • amputation of little finger • amputation of ring finger • total loss of movement of any joint of thumb • amputation of terminal segment of thumb involving one third of its flexor surface without loss of distal phalanx or interphalangeal joint • amputation of two phalanges or joints of index, middle, ring or little finger • amputation of distal phalanx or joint of forefinger • amputation of distal phalanx or joint of hallux.
10	Any of the following: • amputation of all toes • amputation of great toe • amputation of middle finger • amputation of distal phalanx or joint of thumb.
15	Any of the following: • mid-metatarsal amputation • amputation of index finger.
20	Any of the following: • partial amputation of the foot (Chopart) • amputation of the thumb.
30	Any of the following: • amputation below knee, with functional stump • amputation at ankle • amputation of all fingers, but not thumb.

%	Description of level of impairment
40	Any of the following: • amputation above knee with functional stump • disarticulation at knee • Gritti Stokes amputation • amputation below knee with short stump (7.5 cm or less below intercondylar notch) • disarticulation at hip joint • amputation above knee with short stump (7.5 cm or less below tuber ischii).
50	Any of the following: • hemipelvectomy • amputation of forearm distal to biceps tendon insertion • disarticulation at wrist joint • mid-carpal or mid-metacarpal amputation of hand.
60	Any of the following: • amputation between deltoid insertion and elbow • disarticulation at elbow • amputation of forearm proximal to biceps tendon insertion • disarticulation at shoulder • amputation above deltoid insertion.
70	Forequarter (upper) amputation.

Table 9.4: Limb function—upper limb
(Percentage whole person impairment)

%	Description of level of impairment
10	Can use limb for self care and grasping and holding but has difficulty with digital dexterity.
20	Can use limb for self care but has no digital dexterity or has difficulties grasping and holding.
30	Retains some use of limb but has difficulty with self care.
40	Cannot use limb for self care.

Table 9.5: Limb function—lower limb
(Percentage whole person impairment)

	Description of level of impairment
10	Can rise to standing position and walk but has difficulty with grades and steps.
20	Can rise to standing position and walk but has difficulty with grades, steps and distances.
30	Can rise to standing position and walk with difficulty but is limited to level surfaces.
50	Can rise to standing position and maintain it with difficulty but cannot walk.
65	Cannot stand or walk.

Table 9.6: Spine
(Percentage whole person impairment)
Lesions of the sacrum and coccyx should be assessed by using the table which most appropriately reflects the functional impairment. This will usually be Table 9.5.
Lesions of the spine are often accompanied by neurological consequences. These should be assessed using Table 9.4 or 9.5 and the results combined using the combined values table (Appendix 1).

%	Description of level of impairment	
	Cervical spine	**Thoraco-lumbar spine**
0	X-ray changes only.	X-ray changes only.
5	Minor restrictions of movement.	Minor restrictions of movement or crush fracture - compression of 25-50 percent.
10	Loss of half normal range of movement.	Loss of less than half normal range of movement or crush fracture—compression greater than 50 percent.
15	Loss of more than half normal range of movement.	Loss of half normal range of movement.
20	Complete loss of movement.	Loss of more than half normal range of movement.
30		Complete loss of movement.

10. Urinary system

Table 10.1: Upper urinary tract
(Percentage whole person impairment)

%	Description of level of impairment
0	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 90 litres/day or more and/or intermittent symptoms or signs of upper urinary tract dysfunction are present that do not require continuous treatment or surveillance.
10	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 75 to 89 litres/day and/or single kidney.
15	Creatinine clearance is 75 to 89 litres/day AND symptoms and signs of urinary tract dysfunction or disease necessitate continuous medical treatment.
30	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 60 to 74 litres/day.
40	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 50 to 59 litres/day.
45	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 50 to 59 litres/day and symptoms and signs of dysfunction or disease are incompletely controlled by surgical or continuous medical treatment.
60	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 40 to 49 litres/day.
65	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 40 to 49 litres/day and symptoms and signs of dysfunction or disease are incompletely controlled by surgical or continuous medical treatment.
70	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of less than 40 litres/day.
75	Diminution of upper urinary tract function is present as evidenced by creatinine clearance of less than 40 litres/day and symptoms and signs of dysfunction or disease are incompletely controlled by surgical or continuous medical treatment.
85	Deterioration of renal function requiring either peritoneal dialysis or haemodialysis.

Table 10.2: Lower urinary tract
(Percentage whole person impairment)

%	Description of level of impairment
0	Occasional intermittent disorder without interval problems.
10	Uretheral stricture or other disorder requiring intermittent therapy (for example, passage of sounds at intervals of greater than eight weeks).
15	Disorder requires continuous treatment or no voluntary bladder control but good reflex activity.
25	Urinary diversion with or without removal of the bladder or uretheral stricture or other disorder which cannot be effectively controlled, or recurs frequently, or requires more frequent passage of sounds (at intervals of less than four to eight weeks).
30	Intermittent dribbling incontinence.
45	Continuous dribbling incontinence.

11. Reproductive system

Table 11.1: Male
(Percentage whole person impairment)
This table is used to assess conditions affecting the testes, prostate, penis, seminal vesicles, spermatic cord, epididymis and scrotum

%	Description of the level of impairment
5	Any of the following: • only one testis present • symptoms and/or signs of scrotal loss or disease • scrotal malposition or all of the following: • symptoms and/or signs of testicular, epididymal and/or spermatic cord disease, WITH anatomical alteration • continuous treatment not required • no seminal or hormonal abnormalities or all of the following: • symptoms and/or signs of prostatic and/or seminal vesicular dysfunction or disease • anatomical alteration present • continuous treatment not required or • impotence in a claimant aged 65 years or more with intact sexual organs.
10	Sexual function possible but varying degrees of difficulty with erection, ejaculation and/or sensation.

%	Description of the level of impairment
15	Any of the following: • sexual function possible in that there is sufficient erection but no ejaculation or sensation • testes implanted in other than scrotal position to preserve function and testicular pain or discomfort with activity • total loss of scrotum • impotence in a claimant aged between 40 and 64 years with intact sexual organs or all of the following: • symptoms and/or signs of testicular, epididymal and/or spermatic cord disease, with anatomical alteration • continuous or frequent treatment required • detectable seminal or hormonal abnormalities or all of the following: • frequent severe symptoms and/or signs of prostatic and/or seminal vesicular function or disease • anatomical alteration present • continuous treatment required.
20	No sexual function possible because of any of the following: • bilateral loss of testes • no detectable seminal or hormonal function of the testes, epididymis or spermatic cords • ablation of prostate and/or seminal vesicles or • impotence in a claimant aged less than 40 years with intact sexual organs.

Table 11.2: Female
(Percentage whole person impairment)

%	Vulva and/or vagina	Cervix and/or uterus	Fallopian tubes and/or ovaries
10	Symptoms and/or signs of disease or deformity not requiring continuous treatment and sexual intercourse possible and vagina adequate for childbirth.	Symptoms and/or signs of disease or deformity not requiring continuous treatment or cervical stenosis not requiring treatment or anatomical loss in post menopausal years.	Symptoms and/or signs of disease or deformity not requiring continuous treatment or unilateral dysfunction or bilateral loss in post menopausal years.
25	Symptoms and/or signs of disease or deformity requiring continuous treatment and sexual intercourse possible with varying degrees of difficulty and vaginal delivery limited in pre-menopausal years.	Symptoms and/or signs of disease or deformity requiring continuous treatment or cervical stenosis requiring periodic treatment.	Symptoms and/or signs of disease or deformity requiring continuous treatment but tubes are patent and ovulation is possible.
35	Symptoms and/or signs of disease or deformity not controlled by continuous treatment and sexual intercourse not possible and vaginal delivery not possible in the pre-menopausal years.	Symptoms and/or signs of disease or deformity not controlled by continuous treatment or cervical stenosis complete or anatomical or complete functional loss in the pre-menopausal years.	Symptoms and/or signs of disease or deformity not controlled by continuous treatment and total loss of tubular patency, or total failure to produce ova, in the pre-menopausal years.

Table 11.3: Mammary glands
(Percentage whole person impairment)

%	Description of level of impairment
10	Any of the following. • female of childbearing age with absence of the breasts • male with painful gynaecomastia that interferes with daily activities • galactorrhoea sufficient to require the use of absorbent pads.

12. Neurological function

Neurological function is divided into three sub-groups—cranial nerves (Table 12.1), communication (Tables 12.2 & 12.3) and cognitive function (Tables 12.4 & 12.5). Communication and cognitive function are each divided into two sub-sections—the sub-sections of communication are comprehension (Table 12.2) and expression (Table 12.3); the sub-sections of cognitive function are memory (Table 12.4) and reasoning (Table 12.5).

Cranial nerves

(Percentage whole person impairment)

Please note that assessments for sight, smell and taste can be made under other tables. They have been included here as well so that this table is complete. Do not make two separate assessments and combine them. Use one or the other. The other relevant tables are Table 6.1 ‘Visual system’, and Table 7.2 ‘Ear, nose and throat disorders—Miscellaneous’.

Table 12.1

%	Criteria		
	Unilateral loss or paralysis	**Bilateral loss or paralysis**	**Other**
0	I XII	I	
5	V (motor)	VII (complete loss of taste).	
10	V (sensory)	XII (swallowing impairment, with diet restricted to semi-solids).	Swallowing impairment due to one or two combinations of IX, X and XI, with diet restricted to semi-solids.
15	VII		
20			VII Atypical facial neuralgia.
25	II or III, IV, VI alone or in combination (diplopia corrected by covering one eye.		
30		XII (swallowing impairment, with diet restricted to liquids).	Swallowing impairment due to one or two combinations of IX, X and XI, with diet restricted to liquids.
35		V (sensory)	
45		V (motor)	
50			V Intractable typical trigeminal neuralgia or tic douloureux.
60		XII (swallowing impairment, with diet by tube feeding or gastrostomy.	Swallowing impairment due to one or two combinations of IX, X & XI, and resulting in diet by tube feeding or gastrostomy.
85		II	

Tables 12.2 to 12.5 should not be used to assess problems whose origins are genetic, social or educational. Their use is confined to the assessment of the consequences of neurological injury or disease.

Communication

Notes:

Communication disorders may arise as a result of interference with comprehension and/or expression. They are the result of neurological damage arising for example from head injury or cerebro-vascular accident. Comprehension may be further divided into hearing and reading skills and expression into verbal and written skills. A report from a Speech Pathologist or Rehabilitation Specialist will generally be necessary to enable impairment of this function to be

accurately assessed. In all cases the employee's abilities prior to the injury or disease must be taken into account. It would be inappropriate to assess an illiterate person with respect to reading and writing skills. Similarly where English is an employee's second language, it may be more appropriate to base assessment on interference with ability to understand and speak the employee's first language.

Table 12.2: Comprehension

(Percentage whole person impairment)

%	**Criteria**	
	Hearing*	**Reading**
5	Understands speech in most situations, but has difficulties in groups or when fatigued.	Reads books and magazine articles, but does not understand details.
10	Understands speech in one to one situations, but cannot cope in group situations.	Can get the gist of simple articles, for example in newspapers, but has great difficulty with details.
20		Understands only simple sentences.
25	Understands simple sentences although repetition is sometimes needed.	
30		Able to read only single words.
35		Unable to read at all.
40	Able to understand only single words.	
50	Unable to understand any language.	

Notes:

*Hearing refers to the ability to comprehend spoken language—i.e. with the ability to interpret auditory signals, not to receive such signals. It does not refer to hearing impairment which is assessed using Table 8.1

Table 12.3: Expression
(Percentage whole person impairment)

%	Criteria	
	Verbal	**Written**
5	Can sustain conversation, but has minor word retrieval problems and/or hesitancy.	Can write simple letters, but cannot write complex documents.
10	Can converse in simple sentences only and may have difficulty with word finding and expressing complex ideas.	Can write postcards and letters of about five lines (spelling and grammatical errors may be apparent), but cannot write longer documents.
15		Can write only short, simple sentences (spelling errors may be evident).
20	Only able to respond in short sentences or phrases.	Cannot write sentences, but can write single words.
25		Able to write or copy only a familiar sequence of letters, for example own name or unable to write at all.
30	Limited to use of single words and/or social or stereotyped phrases.	
35	No useful speech (includes unintelligible speech and speech limited to swearing).	

Table 12.4: Memory
(Percentage whole person impairment)

%	Criteria
0	No appreciable effect. Reliance on notes, lists etc is comparable to others of same age, education and lifestyle.
10	Difficulties with names and appointments and tends to misplace objects. There may be partial compensation by reliance on notes, lists, diaries or other people.
25	Failure to keep appointments or fulfil other obligations despite use of memory aids and difficulties recalling details of recent events AND tendency to get lost in unfamiliar surroundings.
40	Failure to keep appointments or fulfil other obligations despite use of memory aids, to a more pronounced extent and some supervision by another necessary.
60	Unable to recall recent events or experiences and constant supervision necessary to avoid harm, resulting in inability to live independently.
70	Unable to recall recent events or experiences, to a more pronounced extent and disorientation in familiar surroundings and inability to recognise familiar faces or objects.

Notes:
Cognitive function has two components—memory and reasoning ability. These functions are affected where there is neurological damage eg, from head injury, cerebro-vascular accident etc. Difficulties with memory or reasoning ability due to some other process eg, psychiatric illness should not be assessed using these tables. Instead Table 6.1 should be used.
Assessment should be carried out by a neurologist or clinical psychologist.

Table 12.5: Reasoning
(Percentage whole person impairment)

%	Criteria
0	Abilities intact.
10	Able to cope with routine activities and situations but experiences minor difficulties in new situations.
25	Still able to cope with routine activities but has moderate difficulties in new situations and Complex decision making and abstract thinking are affected.
40	Major difficulties in new situations and difficulties with routine activities and problems becoming manifest and complex decision making and abstract thinking seriously affected.
60	Major difficulties in carrying out routine daily activities. Perseverative thinking may be evident.
70	Needs prompting and assistance with even the simplest activities.

Notes:
Assessment is carried out by examining the degree of interference with the ability to plan and carry out tasks involving a number of steps, ability to solve problems and make decisions which involve the examination of new and old material, ability to think in abstract terms eg, interpret proverbs. Generally complex tasks and decisions will be first affected as will decisions involving unfamiliar factors.
Assessment should be carried out by a neurologist or clinical psychologist.

13. Miscellaneous

Table 13.1: Intermittent conditions
(Percentage whole person impairment)
For use in the assessment of disorders of the haemopoietic system such as anaemia, polycythaemia, leucocyte and platelet disorders and intermittent disorders such as asthma, migraine, tension headache, epilepsy etc.
Principles:
Determine the frequency, duration and severity of attacks with reference to the degree of interference with activities of daily living.

%	Description of level of impairment
0	Episodes may be of any frequency but do not interfere with activities of daily living or are readily prevented or reversed by appropriate medication or treatment.
10	Episodes occur 12 or more times a year and cause minor interference with activities of daily living or episodes occur less frequently and cause interference with all activities of daily living other than self care.
20	Episodes occur up to 25 percent of the time and cause significant interference with most activities of daily living other than self care.
30	Episodes occur up to 30 percent of the time and cause significant interference with most activities of daily living other than self care.
40	Episodes occur up to 40 percent of the time and cause significant interference with most activities of daily living other than self care.
50	Episodes occurup to 50 percent of the time and cause significant interference with most activities of daily living other than self care.
60	Episodes occur up to 60 percent of the time and cause significant interference with most activities of daily living other than self care.
70	Episodes occur up to 70 percent of the time and cause significant interference with most activities of daily living other than self care.
75-95	Episodes occur 75 to 100 percent of the time and needs assistance with most or all activities of daily living including self care (confinement to a residential care facility is required for assessed impairment levels of more than 80 percent).

Notes:
Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.

Table 13.2: Malignancies
(Percentage whole person impairment)

%	Description of level of impairment
0	No symptoms or evidence of disease and able to undertake normal activities with no special care needed.
10-15	Some signs or symptoms of disease and normal activities can be undertaken with moderate effort.
35	Does not require institutional care but needs assistance with activities of daily living other than self care.
50	Can still be maintained at home but with considerable assistance and frequent medical care.
65	Requires institutional care and considerable assistance with activities of daily living other than self care.
75	Requires institutional care and considerable assistance with activities of daily living including self care.
85	Intensive support and/or treatment needed (disease may be progressing rapidly).

Notes:
Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.

PART 2

Appendix 1

14. Combined values chart

The values are derived from the formula:
A + B(1-A) = combined value of A and B
where A and B are the decimal equivalents of the WPI ratings
In the chart all values are expressed as percentages. To combine any two impairment values, locate the larger of the values on the side of the chart and read along that row until you come to the column indicated by the smaller value at the bottom of the chart. At the intersection of the row and the column is the combined value.
For example, to combine 35% and 20%, read down the side of the chart until you come to the larger value, 35%. Then read across the 35% row until you come to the column indicated by 20% at the bottom of the chart. At the intersection of the row and column is the number 48. Therefore, 35% combined with 20% is 48%. Because of the construction of this chart, the larger impairment value must be identified at the side of the chart.
If three or more impairment values are to be combined, sort the impairment values from highest to lowest, select the highest and second highest, then find their combined values as above. Then use that combined value and the third highest impairment value to locate the combined value of all impairments.
This process can be repeated indefinitely, the final value in each instance being the combination of all the previous values. In each step of this process the larger impairment value must be identified at the side of the chart.

Part 2—Appendix 1: Combined values chart

Source: American Medical Association's *Guides to the Evaluation of Permanent Impairment*, 5th edition, pages 604-5.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
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22	23	24	24	25	26	27	27	28	29	30	31	31	32	33	34	34	35	36	37	38	38	39																										
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27	28	28	29	30	31	31	32	33	34	34	35	36	36	37	38	39	39	40	41	42	42	43	44	45	45	46	47																			
28	29	29	30	31	32	32	33	34	34	35	36	37	37	38	39	40	40	41	42	42	43	44	45	45	46	47	47	48																		
29	30	30	31	32	33	33	34	35	35	36	37	38	38	39	40	40	41	42	42	43	44	45	45	46	47	47	48	49	50																	
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31	32	32	33	34	34	35	36	37	37	38	39	39	40	41	41	42	43	43	44	45	45	46	47	48	48	49	50	50	51	52	52															
32	33	33	34	35	35	36	37	37	38	39	39	40	41	42	42	43	44	44	45	46	46	47	48	48	49	50	50	51	52	52	53	54														
33	34	34	35	36	36	37	38	38	39	40	40	41	42	42	43	44	44	45	46	46	47	48	48	49	50	50	51	52	52	53	54	54	55													
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35	36	36	37	38	38	39	40	40	41	42	42	43	43	44	45	45	46	47	47	48	49	49	50	51	51	52	53	53	54	55	55	56	56	57	58											
36	37	37	38	39	39	40	40	41	42	42	43	44	44	45	46	46	47	48	48	49	49	50	51	51	52	53	53	54	55	55	56	56	57	58	58	59										
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39	40	40	41	41	42	43	43	44	44	45	46	46	47	48	48	49	49	50	51	51	52	52	53	54	54	55	55	56	57	57	58	59	59	60	60	61	62	62	63							
40	41	41	42	42	43	44	44	45	45	46	47	47	48	48	49	50	50	51	51	52	53	53	54	54	55	56	56	57	57	58	59	59	60	60	61	62	62	63	63	64						
41	42	42	43	43	44	45	45	46	46	47	47	48	49	49	50	50	51	52	52	53	53	54	55	55	56	56	57	58	58	59	59	60	60	61	62	62	63	63	64	65	65					
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43	44	44	45	45	46	46	47	48	48	49	49	50	50	51	52	52	53	53	54	54	55	56	56	57	57	58	58	59	60	60	61	61	62	62	63	64	64	65	65	66	66	67	68			
44	45	45	46	46	47	47	48	48	49	50	50	51	51	52	52	53	54	54	55	55	56	56	57	57	58	59	59	60	60	61	61	62	62	63	64	64	65	65	66	66	67	68	68	69		
45	46	46	47	47	48	48	49	49	50	51	51	52	52	53	53	54	54	55	55	56	57	57	58	58	59	59	60	60	61	62	62	63	63	64	64	65	65	66	66	67	68	68	69	69	70	
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47	48	48	49	49	50	50	51	51	52	52	53	53	54	54	55	55	56	57	57	58	58	59	59	60	60	61	61	62	62	63	63	64	64	65	66	66	67	67	68	68	69	69	70	70	71	71
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Part 2—Combined values chart (continued)

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

Part 2—Combined values chart (continued)

51	76
52	76	77
53	77	77	78
54	77	78	78	79
55	78	78	79	79	80
56	78	79	79	80	80	81
57	79	79	80	80	81	81	82
58	79	80	80	81	81	82	82	82
59	80	80	81	81	82	82	82	83	83
60	80	81	81	82	82	82	83	83	84	84
61	81	81	82	82	82	83	83	84	84	84	85
62	81	82	82	83	83	83	84	84	84	85	85	86
63	82	82	83	83	83	84	84	84	85	85	86	86	86
64	82	83	83	83	84	84	85	85	85	86	86	86	87	87
65	83	83	84	84	84	85	85	85	86	86	86	87	87	87	88
66	83	84	84	84	85	85	85	86	86	86	87	87	87	88	88	88
67	84	84	84	85	85	85	86	86	86	87	87	87	88	88	88	89	89
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72	86	87	87	87	87	88	88	88	89	89	89	89	90	90	90	90	91	91	91	92	92	92
73	87	87	87	88	88	88	88	89	89	89	89	90	90	90	91	91	91	91	92	92	92	92	93
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98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	51	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**76**	**77**	**78**	**79**	**80**	**81**	**82**	**83**	**84**	**85**	**86**	**87**	**88**	**89**	**90**	**91**	**92**	**93**	**94**	**95**	**96**	**97**	**98**	**99**	**100**

PART 2

Division 2—Non-economic loss

Introduction

The degree of non-economic loss is to be assessed in accordance with this part.

The compensation payable for non-economic loss is divided into two equal amounts.

The formula to calculate the total payable in an individual case is:

$ Total = A + B

WHERE A = the percentage assessment of total permanent impairment, multiplied by the first half of the maximum

AND B = a reasonable percentage of the second half of the maximum, having regard to the non-economic loss suffered.

To calculate B, the following tables in this part are used:

Table 1: Pain and suffering
Table 2: Loss of amenities
Table 3: Other loss
Table 4: Loss of expectation of life
Table 5: Combined value calculation
Table 6: Final calculation.

Table 1: pain and suffering

Only permanent pain and suffering is considered. Suffering is the mental distress as a result of the accepted conditions (it includes emotional symptoms such as grief, anguish, fear, frustration, humiliation, embarrassment etc).

This table does not include temporary pain and suffering. Nor does it include speculation of future pain and suffering that has not yet manifested itself.

A score out of five is assessed for both pain and for suffering. These two scores are then combined with the scores derived from Tables 2, 3 and 4 using the combined value calculation (Table 5).

Pain	
Score	**Description of level of effect**
0	No pain experienced.
1	Intermittent attacks of pain of nuisance value only. Can be ignored when activity commences.
2	Intermittent attacks of pain. Not easily tolerated, but short lived. Responding fairly readily to treatment.
3	Episodes of pain more persistent. Not easily tolerated. Treatment, if available, of limited benefit.
4	Pain occurring most of the time. Restrictions on activity. Resistant to treatment.
5	Pain continuous and severe preventing activity. Not controlled by medication.

Suffering	
Score	**Description of effect**
0	No symptoms experienced.
1	Symptoms minimal or ill defined. Occur intermittently. No interference with activity.
2	Distinct symptoms. Episodic in nature. Activities reduced during such episodes. Recovers quickly after episodes.
3	Symptoms distinct and varied. Episodes occur regularly. Ability to cope or perform activity effectively reduced during episodes. Needs time to recover between episodes. Treatment of benefit.
4	Symptoms wide ranging. Tend to dominate thinking. Little time when free of symptoms. Difficulty coping or performing activity. Treatment necessary.
5	Constantly focussed on condition. Ruled by emotions. Symptoms interfere with normal thought processes. Unable to cope. Activities severely restricted. Treatment of no real help.

Table 2: loss of amenities

Loss of amenities is also known as loss of enjoyment of life.

A score out of five is assessed for each of the following:

- mobility
- social relationships
- recreation and leisure activities.

These are then combined with the scores from Tables 1, 3 and 4 using the combined value calculation (Table 5).

Mobility

Concerns the employee's ability to move around in his or her environment

Score	Description of effect
0	No or minimal restrictions on mobility.
1	Effects on mobility periodic or intermittent—in between episodes no restrictions. Effects continuing but mild (eg slowing of pace, need for a walking stick) (can do everything, but at a slower pace).
2	Mobility reduced, but remains independent of others both within and outside the home. Can travel but may need to have rest breaks, special seating or other special treatment
3	Mobility markedly reduced. Needs some assistance from others. Unable to use most forms of transport.
4	Restricted to home and vicinity. Can only travel with door to door transport. Needs assistance of others.
5	Severely restricted mobility (eg bed, chair, room). Dependent on others for assistance. Mechanical devices or appliances used (eg wheelchair, hoist).

Social relationships
Concerns the employee's capacity to engage in usual social and personal relationships.

Score	Description of effect
0	Usual relationships unaffected.
1	Minor interference with personal relationships, causing some reduction in social activities and contacts.
2	Relationships confined to immediate and extended family and close friends, but unable to relate to casual acquaintances.
3	Difficulty in maintaining relationships with close friends and the extended family.
4	Social contacts confined to immediate family.
5	Difficulty relating socially to anyone.

Recreation and leisure activities
Concerns the employee's ability to maintain customary recreational and leisure pursuits

Score	Description of effect
0	Able to follow usual recreation and leisure activities.
1	Intermittent interference with activities. In between episodes able to pursue usual activities.
2	Interference with activities reduces frequency of activity, but is able to continue. Is able to enjoy alternatives.
3	Unable to continue activity. Alternative less satisfying activity possible.
4	Range of activities greatly reduced. Needs some assistance to participate.
5	Unable to undertake any satisfying or rewarding activities.

Table 3: Other loss

This table is used to assess losses of a non-economic nature that are not adequately covered by Table 1, 2 or 4.

A score out of 3 is assessed. This is then combined with the scores derived from Tables 1, 2 and 4. using the combined value calculation (Table 5).

The factors to be considered include:

- dependence upon external life saving or supporting machine (for example, aspirator, respirator, dialysis machine, or any form of electro-mechanical device for the sustenance or extension of activities)
- dependence upon a specialised diet
- detrimental effects of climatic features (for example, temperature, humidity, ultra-violet rays, light, noise, dust)
- move to specially modified premises.

Score	Description of effect
0	Nil or minimal disadvantages
1	Slight disadvantages
2	Moderate disadvantages
3	Marked disadvantages

Table 4: Loss of expectation of life

A score out of three is assessed. This is then combined with the scores derived from Tables 1, 2 and 3. using the combined value calculation (Table 5). Loss of expectation of life is restricted to a maximum of three points because of the value placed on it by the courts in damages cases.

Score	Description of effect of effect
0	Loss of life expectancy of less than one year.
1	Loss of life expectancy of 1 year to less than 10 years.
2	Loss of life expectancy of 10 years to less than 20 years.
3	Loss of life expectancy of 20 years or more.

Table 5: Combined value calculation
This table converts the total of the scores (assessed in Tables 1, 2, 3 and 4) to a percentage of the second half of the maximum lump sum payable for non-economic loss.

Calculation of total of scores

Table 1: Pain and suffering
(Pain score ____) x 0.5 = ____
(Suffering score ____) x 0.5 = ____

Table 2: **Amenities of life**
(Mobility score ____) x 0.6 = ____
Social relationships score ____) x 0.6 = ____
(Recreation and leisure activities score ____) x 0.6 = ____

Table 3: Other loss
(Score ____) x 1.0 = ____

Table 4: Loss of expectation of life
(Score ____) x 1.0 = ____

Total of scores = ____

Conversion of total of scores to a percentage
A. If the combined total of scores from Tables 1, 2, 3 and 4 equals or is greater than 15, then 100 percent of the second half of the maximum is payable
or
B. If the combined total of scores from Tables 1, 2, 3 and 4 is less than 15, then the percentage of the second half of the maximum that is payable is calculated using the following formula:

$$\frac{\text{(total of scores)}}{15} \times 100$$

Table 6: Final calculation

(benefit levels as from 1 July 2011)*

(1) Whole person impairment
(as per Permanent impairment questionnaire)

____ % x $163,535.42 $_____

(2) First half of $30,662.91 ____ % x $30,662.91 $_____

(3) Second half of $30,662.91
(as per non-economic
loss questionnaire)

Table 1: Pain and suffering
Pain score ____
Suffering score ____
Subtotal of scores ____ x 0.5 = ____

Table 2: Amenities of life
Mobility score ____
Social relationships score ____
Recreation and leisure
Activities score ____

Subtotal of scores ____ x 0.6 = ____

Table 3: Other loss
Other loss score ____ x 1.0 = ____

Table 4: Loss of expectation of life
Loss of expectation score ____ x 1.0 = ____

Total of scores

If Score > 15: pay maximum $30,662.91
If Score < 15: calculate % of $30,662.91
using following formula:

$$\frac{\text{(total of scores)}}{15} \times 100$$ $\_\_\_\_\_$

Total $_____

*These are indexed annually on 1 July in accordance with CPI. Check with Comcare for the latest rates if unsure.