TABLE OF DISABILITIES
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Chapter 1

INTRODUCTION AND INSTRUCTIONS

1.1 AUTHORITY AND ADMINISTRATION

The Table of Disabilities is the instrument used by Veterans Affairs Canada to assess the degree of medical impairment caused by an entitled disability. The Table of Disabilities has been revised using the concept of medical impairment based on a per condition methodology. The relative importance of that body part/body system has been a consideration in the development of criteria to assess the medical impairment resulting from the entitled disability. The Disability Assessment will be established based on the medical impairment rating, in conjunction with quality of life indicators which assess the impact of the medical impairment on the individual's lifestyle.

(I) - Authority

This publication is issued under the authority of the Minister of Veterans Affairs Canada in compliance with subsection 35(2) of the *Pension Act* R.S.C. 1985, c. P-6 and subsection 49(1) *of the Veterans Well-being Act,* which reads as follows:

> "The assessment of the extent of a disability shall be based on the instructions and a Table of Disabilities to be made by the Minister for the guidance of persons making those assessments."

The provisions of the Table of Disabilities are for the guidance of the Department and the Veterans Review and Appeal Board.

(II) - Title and Short Title

1. The full title of this publication is "Instructions and Table of Disabilities for the Guidance of persons making assessments of the extent of disabilities."

2. For ease of reference this publication may be referred to by the short title of "Table of Disabilities".

(III) - Effective Date and Application

The 2006 edition of the Table of Disabilities will replace the 1995 edition of the Table of Disabilities on the date that it is implemented. The 1995 edition of the Table of Disabilities will still apply to certain proceedings initiated prior to, on or after the date of implementation, as directed by Departmental Transition Protocols.

(IV) - Revocation of former Table of Disabilities

The 1995 Edition of the Table of Disabilities will be replaced by the 2006 edition of the Table of Disabilities.

(V) - Grandfathering Provision

Aside from exceptions stated in this provision, in accordance with a “grandfathering provision” of this Table of Disabilities, assessments for entitled individuals or bracketed conditions, will be “grandfathered” and protected from any reduction to assessment resulting from the implementation of the 2006 edition of the Table of Disabilities. Please refer to the policy entitled Assessment and Reassessment of a disability, as well as the policy for Pain and Suffering Compensation for further information.

Exception: Interim assessments and temporary high assessments will not be protected by this “grandfathering provision”. These assessments are provisional in nature and have been rendered due to either insufficient medical documentation to assign a final assessment or to the presence of an unstable medical condition. In these specific situations, the assessment in effect **prior** to this award will be the assessment protected by this “grandfathering provision”.

Following the implementation of the 2006 edition of the Table of Disabilities, an assessment resulting from a new entitlement award or an increase in a reassessment will be paid when the assessment exceeds the “grandfathered” rate.

1.2 ACKNOWLEDGEMENTS

A broad range of reference sources have been used in the development of the Table of Disabilities and these have been cited accordingly.

The Minister gratefully acknowledges the permission and contribution granted by the American Medical Association and the Veterans Affairs Australia for usage of the *AMA Guides to the Evaluation of Permanent Impairment* and the *Guide to Assessment of Rates of Veterans’ Pension (Australia)* as primary references.

1.3 DEFINITIONS

For the purposes of this Table of Disabilities and unless a contrary intention appears:

"Activities of daily living" (ADLs) are defined as a set of activities necessary for normal self-care including personal hygiene, feeding, dressing, movement in bed, bowel and bladder control, transfers and locomotion activities performed in the home and/or community.

"**Activities of independent living**" (IADLs) are defined as usual and customary activities in a domestic and/or work environment which enables self-sufficiency. Such activities include shopping, meal preparation, housework, using forms of private or public transportation and gardening.

"**Medical Impairment**" is the physical loss of, or disturbance to, any body part or body system, and the resultant loss of function.

"Loss of Function" is the disturbance of or deviation of in, the normal functioning of a particular body system, measured by comparing an individual's performance efficiency with that of a normal, healthy person of the same age and sex, in a set of defined vital functions.

"Other impairment" is the physical loss of, or disturbance to, any body part or body system, including discomfort, pain, prognosis, and other, less tangible consequences.

"Medical Impairment rating" is a measure of the degree of impairment due to an entitled condition or bracketed entitled conditions which reflects the severity of the medical condition and/or the degree to which it decreases an individual's ability to perform normal everyday activities, as measured by criteria in the specific Medical Impairment chapters in this Table of Disabilities.

"Quality of Life" (QOL) is the ability to perform activities of independent living, to participate and maintain appropriate and customary personal relationships, and to take part in recreational and community activities.

"Quality of Life level" is a measure of the effects of the entitled condition(s) by comparing the existing Quality of Life with what might have been expected in the absence of the entitled condition(s), on a level of 1 to 3, as measured by criteria in the Quality of Life chapter in this Table of Disabilities.

"Quality of Life rating" is the result of applying the Quality of Life level and the Medical Impairment rating to the Quality of Life Conversion Table **(Table 2.2**). The Quality of Life rating is then added to the Medical Impairment rating to determine the Disability Assessment.

"Disability Assessment" is the sum of the Medical Impairment rating and the Quality of Life rating.

"Bracketed Conditions" are entitled conditions which affect the same body area or result in a similar loss of function and cannot be separated for medical assessment purposes, that are grouped or "bracketed" together to arrive at the Disability Assessment.

"Rate of Pension" is the amount of pension payable, expressed in percentage, and converted to a lump sum payment or a monthly rate in dollars in accordance with the Schedules of the *Pension Act.*

"Extent of Disability (Disability Award)" is the amount of benefits payable expressed in percentage and paid in dollars in accordance with schedule 3 of the *Veterans Well-being Act*.

"Medical Stability": For pension/award/compensation purposes, an entitled disability is considered to be medically stabilized when it is unlikely to change substantially in the next 12 months, with or without medical treatment. Over time there may be some change, however, no further recovery is anticipated. When the prognosis is for early improvement, as after remedial surgery, the Department will determine when the condition is considered to be stabilized for assessment purposes.

"Regular": Recurring at fixed intervals.

"Majority": For pension/award/compensation purposes majority is a number greater than half or 50% of the total number of criteria listed at an impairment level. If only two criteria are present at a particular level both criteria must be met.

"Dominant Hand": For pension/award/compensation purposes dominant hand is the hand that the Member/Veteran/Client normally writes with.

1.4 PRINCIPLES OF ASSESSMENT

This Table of Disabilities is to be used to assess service related disability for disability pension/award/compensation purposes.

In accordance with the *Pension Act* and the *Veterans Well-being Act*, disability is defined as "... *the loss or lessening of the power to will and to do any normal physical or mental act.*" As impairment refers to a loss of function that can be measured and documented objectively, disability, as defined in the *Pension Act* and the *Veterans Well-being Act*, exceeds the physical limitations of impairment and thus requires both medical (impairment) and non-medical (quality of life) information to determine the final assessment of a disability.

Assessments are provided when entitled conditions are considered medically stable.

(I) - Medical Impairment Assessment Chapters

Impairment consists of the following two components:

- the physical loss of, or alteration to, any body part or system, **and**
- the functional loss to which the physical loss or alteration may give rise.

The Medical Impairment rating chapters are divided using major groups of vital function or organs which are referred to as body systems for the purposes of this Table of Disabilities. Each chapter includes an introductory section which describes the disabilities assessed within that chapter in addition to specific instructions on how an entitled individual condition or bracketed conditions will be assessed.

For the purposes of assessing disability, Medical Impairment represents the alteration of an individual's health status resulting from the entitled condition or bracketed conditions. Medical Impairment is rated in accordance with the *relative* importance of the affected body part or body system.

Exception: If a chapter/table does not cover a condition, the condition will be then dealt with on a case-by-case basis. This scenario should be fairly rare.

(II) - Quality of Life Chapter

The Quality of Life (QOL) chapter rates the effects of the entitled disability(ies) on the following components:

- The ability to participate in activities of independent living;
- The ability to take part in recreational and community activities;
- The ability to initiate and take part in personal relationships.

The QOL chapter measures the disadvantage caused by the entitled condition or bracketed entitled conditions, by comparing the existing quality of life with what might have been expected in the absence of the entitled condition or bracketed entitled conditions.

Where possible, the usual or accustomed activities that the Member/Veteran/Client was engaged in prior to the disability or worsening of the disability should be a major consideration in determining the QOL effects from the entitled condition or bracketed entitled conditions. Additionally, in establishing the QOL effect, it must be established that the inability to perform or to modify usual QOL activities is directly due to the entitled condition or bracketed entitled conditions and not other variables or characteristics such as non-entitled condition(s), lack of skill, motivation, choice, availability or access to recreational activities, employment, etc.

(III) Establishing Assessment

The medical impairment for each entitled condition or bracketed entitled conditions will be determined by rating the entitled condition or bracketed conditions within the relevant Medical Impairment chapter. Where an entitled condition or a non-entitled condition contributes to the medical impairment associated with a condition being rated, an estimate of the role of the entitled condition or the non-entitled condition may be made by applying the Partially Contributing Table.

The Medical Impairment rating is then added to the Quality of Life rating to arrive at the Disability Assessment, expressed as a percentage. Although the Disability Assessment may exceed 100%, for payment purposes, disability benefits are payable at a maximum of 100% in accordance with schedule I of the *Pension Act* or schedule 3 of the *Veterans Well-being Act* .

1.5 USING THE TABLES

(I) - Description of the Impairment Tables

The concept of medical impairment is the physical loss of, or disturbance to, any body part or body system, and the resultant loss of function.

Ratings are derived from the tables. Generally, a nil rating is defined in each table. This does not deny the presence of a medical condition, but indicates that, at the time of assessment, there was no measurable degree of impairment.

Each table contains benchmark values. Each benchmark is a threshold value, i.e. *the rating is made only if the threshold is achieved or exceeded.*

Each chapter contains instructions on how to determine whether a threshold value has been achieved. A single criterion is sufficient to achieve the rating for some tables, while, in other tables, the majority or all of the criteria must be met. **The assignment of ratings between benchmark values contained in a table is not permitted.**

(II) - Choice of Table

Always use a table specific to the condition(s) being rated unless the instructions in a chapter specify otherwise. To choose the appropriate table, identify the loss of function, refer to the appropriate body system table and identify the rating criteria.

(II.1) - Medical Impairment Tables

The Medical Impairment tables are used to rate the medical impairment resulting from the entitled condition or bracketed entitled conditions. Medical impairment refers to the loss of, or deviation in, the normal functioning of a particular body system. Medical impairment may also relate to the physical loss of, or disturbance to, any body part or system. This concept is extended in some chapters to include pain, discomfort, poor prognosis and other less tangible effects of the entitled condition or bracketed entitled conditions.

(II.2) - Partially Contributing Table

If it is determined that an entitled condition or non-entitled condition(s) has contributed to the medical impairment associated with a currently entitled condition or bracketed entitled conditions, an estimate of the role of the initially entitled condition or non-entitled condition(s) is made by the decision maker by applying the Partially Contributing Table, **unless otherwise stated in the body system/body specific chapter.** The judgement of the relative contributions should be based upon the medical information provided in the form of a medical questionnaire or medical report(s), and in some cases advice from a Departmental Medical Advisor.

There must be supporting medical evidence that clearly demonstrates the contribution that the entitled or non-entitled condition has had upon the entitled condition being rated.

The medical evidence supporting the application of the partially contributing table, should clearly demonstrate the contribution of that condition upon the condition being rated. The medical evidence should be significant and clearly evident as to the extent of contribution.

(II.3) - The Quality of Life Conversion Table

When the Quality of Life level and the Medical Impairment rating for the entitled condition or bracketed entitled conditions have been established, the Quality of Life Conversion Table (**Table 2.2**) will be applied. The result will then be added to the Medical Impairment rating to determine the Disability Assessment.

(III) - The Assessment Process

Determination of assessment should be carried out in accordance with the following steps:

- **Step 1:** Determine the Medical Impairment rating for the entitled condition or bracketed conditions using the relevant Medical Impairment chapter.
- **Step 2:** Determine if the Partially Contributing Table applies.
- **Step 3:** Determine the Quality of Life level using the Quality of Life chapter, **Table 2.1.**
- **Step 4:** Assign a Quality of Life rating using the Quality of Life conversion **Table 2.2.**
- **Step 5:** Add the Medical Impairment rating and the Quality of Life rating to arrive at the Disability Assessment.

(III.1) - Not Possible to Assess Level of Impairment

If a medical examination is unobtainable due to the exceptional medical circumstances of the Member/Veteran/Client, a Medical Impairment rating will be provided based on all available current medical evidence.

(III.2) - Additional Impairments Included/Excluded in Assessment of Entitled Condition(s)

The Entitlement Eligibility Guidelines provide useful advice on what condition(s) are already included in the entitlement and assessment of an entitled disability and what condition(s) are not included and will require a separate entitlement.

Where an entitled condition produces another separate and distinct condition, affecting another body part or body system, the signs and symptoms affecting the second body part or body system are not generally taken into account when assessing the original entitled condition or bracketed entitled conditions. Separate entitlement should be sought.

Some conditions may be so closely related to the entitled condition or bracketed entitled conditions that they are included in the assessment of the entitled condition or bracketed entitled conditions without the need for a separate entitlement ruling.

(III.3) - Time Reference

It is recognized that the severity of many conditions fluctuate. Therefore, some criteria in the Table of Disabilities refer to the occurrence of symptoms over a period of time. In

these cases, assess the average severity during that period. Where no period is provided by the Table of Disabilities, twelve months may generally be considered reasonable, as this time allows for seasonal fluctuation.

1.6 PARTIAL ENTITLEMENT

(I) - Background

In accordance with the *Pension Act* or the *Veterans Well-being Act*, where a member of the forces suffers disability resulting from an injury or disease or an aggravation thereof that arose out of or was directly connected with such military service, a pension/award shall, on application, be awarded to or in respect of the member. Entitlement shall be given as either full or partial.

(II) - Partial Entitlement Awards

Example II(a):

In cases of partial entitlement, the Medical Impairment rating and the QOL rating are added and the level of entitlement is applied to determine the Disability Assessment.

A Member/Veteran/Client has been awarded partial entitlement for major depressive disorder. The following steps demonstrate how to calculate the Disability Assessment for this partially entitled condition.

- **Step 1:** Determine the Medical Impairment rating for major depressive disorder **= 15**.
- **Step 2:** Determine if the Partially Contributing Table applies.
- **Step 3:** It is determined that the QOL level = 1. For the Medical Impairment rating of 15% the Quality of Life rating = **2**.
- **Step 4:** The medical impairment rating and the QOL rating are added together **= 17 (15 + 2)**.
- **Step 5:** To determine the Disability Assessment for the major depressive disorder apply the level of entitlement to the resulting rating at Step 4. **(4/5 x 17% = 14%)**

Example II(b):

In cases where a combination of partially entitled and fully entitled condition exist in the same body part or body system and the effects of the conditions are overlapping and difficult to separate out for assessment purposes, the entitled conditions will be bracketed together for assessment. The highest degree of entitlement will be used to calculate the Disability Assessment for the bracketed conditions.

A Member/Veteran/Client has been awarded full entitlement for mechanical low back pain and partial entitlement for lumbar disc disease. The following example demonstrates the steps used to calculate the Medical Impairment rating for the bracketed partially entitled conditions.

Full Entitlement (5/5) for mechanical low back pain

Partial Entitlement (4/5) for lumbar disc disease

- **Step 1:** Determine the Medical Impairment rating for mechanical low back pain and lumbar disc disease from **Table 17.19** in the Musculoskeletal Chapter. Medical Impairment rating for the two conditions = **13**.
- **Step 2:** Determine the QOL rating **= Level 1 = 2**.
- **Step 3:** The medical impairment rating and the QOL rating are added together **= 15 (13 +2).**
- **Step 4:** Determine the higher degree of entitlement of the two conditions (5/5 for mechanical low back pain vs. 4/5 for lumbar disc disease). **5/5** = higher degree of entitlement.
- **Step 5:** To determine the Disability Assessment for mechanical low back pain and the lumbar disc disease apply the highest level of entitlement (5/5ths) to the resulting rating at Step 3. **(5/5 x 15 = 15%)**

Chapter 2

QUALITY OF LIFE RATING CHAPTER

Introduction

This chapter is used to assess the effects of an entitled condition on a Member/ Veteran/Client's Quality of Life (QOL). Activities of Independent Living, Recreational and Community Activities, and Personal Relationships are all components considered in a QOL rating. One QOL rating is arrived at for each entitled condition or bracketed entitled conditions. The term "*bracketed conditions*" is defined as entitled conditions which affect the same body areas or result in a similar loss of function and cannot be separated for medical assessment purposes, that are grouped or "bracketed" together to arrive at one Medical Impairment rating.

The effects of an entitled condition may limit or prevent the fulfilment of a role in the above-noted QOL components that would be normal for a Member/Veteran/Client of the same age without a disability.

It must be emphasized that, when and where possible, the usual or accustomed activities that the Member/Veteran/Client was engaged in prior to the disability or worsening of the disability should be the major consideration in determining the QOL effects from the entitled condition or the bracketed entitled conditions. In addition, the inability to perform or to modify usual QOL activities must be directly due to the entitled condition and not other variables or characteristics such as non-entitled condition(s), lack of skill, motivation, choice, availability or access to recreational activities, employment, etc. The appropriate QOL level will be determined based on the provided information. In the absence of the QOL information, a Member/Veteran/Client will be awarded the minimum QOL level 1 rating in relation to the Medical Impairment rating.

Judgement is to be used by the decision maker as to the extent that the entitled condition contributed to the QOL effects versus other factors such as non-entitled condition(s), etc. The Partially Contributing Table should not be applied to the QOL rating as that table is specific to the calculation of Medical Impairment ratings only.

Each time there is a new entitlement award or a review of an assessment, at either the departmental or VRAB level, a QOL rating for each entitled condition or bracketed entitled conditions is added to the Medical Impairment rating to arrive at the Disability Assessment. It is the final Disability Assessment which would be the subject of a review or appeal.

Assessment Example:

Member/Veteran/Client is entitled for chronic sinusitis and hearing loss:

Medical Impairment rating for chronic sinusitis
Table 10.2 (Nose, Throat, Sinus Impairment Assessment chapter) is **5**.
Quality of Life (QOL) rating for chronic sinusitis
Table 2.2 (Quality of Life chapter) at level 1 is **1**.

Disability Assessment for chronic sinusitis is 6%.

Medical Impairment rating for hearing loss
Table 9.1 (Hearing Loss and Ear Impairment) is **20**.
Quality of Life (QOL) rating for hearing loss
Table 2.2 (Quality of Life chapter) at level 1 is **2**.

Disability Assessment for hearing loss is 22%.

The Member/Veteran/Client would have a Total Disability of 28% (6% + 22%).

Partial Entitlements

In cases of partial entitlement, the Medical Impairment rating and the QOL rating are added and the level of entitlement is applied to determine the Disability Assessment.

In cases of bracketed assessments, the bracketed Medical Impairment rating and QOL rating are added and the highest degree of entitlement is applied to determine the Disability Assessment.

Definitions:

"Activities of Independent Living" refer to the Member/Veteran/Client's ability to sustain effective routines in a domestic and/or work environment and to perform important activities such as using forms of transport which enable the Member/ Veteran/Client to maintain self-sufficiency. The ability to work takes into account any necessary changes or modifications to employment or the workplace. Only the impact of the entitled condition or bracketed entitled conditions on the Member/Veteran/Client's ability to engage in these activities is to be taken into account; the Member/Veteran/ Client's inability to do domestic, travel or employment activities for some other reason (e.g. choice, habit, inexperience, lack of skill) is not to be taken into account.

"Recreational and Community Activities" refers to the ability to take part in any activities of the Member/Veteran/Client's choosing. A recreational rating is based on the Member/Veteran/Client's normal recreational and community activities and measures the limitation placed by the entitled condition or bracketed entitled conditions on the ability to continue those activities. It also takes into account the Member/Veteran/ Client's need to modify recreational pursuits or to seek alternatives. Community activities include work in a voluntary capacity.

"Personal relationships" refers to the Member/Veteran/Client's ability to initiate, take part in and maintain appropriate and customary social, sexual and interpersonal relationships. To determine the effect on personal relationships, it is necessary to establish how the physical and psychological effects of the entitled condition or bracketed entitled conditions affect the Member/Veteran/Client's ***usual*** ability to interact socially with others.

Method of Assessment

To determine the appropriate QOL level, three (3) levels of ratings are used within **Table 2.1** (Level 1, Level 2, and Level 3).

Once the appropriate QOL level is determined, and the Medical Impairment rating of the entitled condition or bracketed entitled conditions is identified, the final calculation of the QOL rating is determined using **Table 2.2**.

Level 1

At this level the Member/Veteran/Client's QOL is considered mildly affected by the entitled condition or bracketed entitled conditions. "Mildly Affected" is defined as a slight degree of change in usual and accustomed QOL functioning which is due to the entitled condition or bracketed entitled conditions.

Level 2

At this level, the Member/Veteran/Client's QOL is considered to be moderately affected by the entitled condition or bracketed entitled conditions. "Moderately Affected" is defined as a medium degree of change in usual and accustomed QOL functioning which is due to the entitled condition or bracketed entitled condition.

Level 3

At this level, the Member/Veteran/Client's quality of life is considered to be extremely affected by the entitled conditions."Extremely Affected" is defined as a significant degree of change in usual and accustomed QOL functioning which is due to the entitled condition and or bracketed entitled conditions.

Calculation of Quality of Life Rating and Disability Assessment

Follow the steps below to calculate the QOL rating.

Step 1: Determine the QOL level due to each entitled condition or bracketed entitled conditions using **Table 2.1*.***

Step 2: Determine the QOL rating using **Table 2.2**. Identify the Medical Impairment rating for the entitled condition or bracketed entitled conditions as calculated using the Medical Impairment chapters and apply the QOL level to determine the final QOL rating for each entitled condition or bracketed entitled conditions.

Step 3: If there is full entitlement for an entitled condition, add the Medical Impairment rating and QOL rating to form the Disability Assessment.

[If there is partial entitlement for an entitled condition]:

The Medical Impairment rating and the QOL rating are added and the level of entitlement is applied to determine the Disability Assessment.

In cases of bracketed assessments, the Medical Impairment rating and QOL rating are added and the highest degree of entitlement is applied to determine the Disability Assessment.

Every Member/Veteran/Client will be assigned a rating from the Level 1 column based on the Medical Impairment rating from the entitled condition or bracketed entitled conditions (calculated using the Medical Impairment chapters), unless it is determined that the criteria to establish a higher rating of Level 2 or Level 3 are met. To establish a level 2 or 3 rating, the majority of criteria for that level must be met.

Table 2.1 – QOL Level Determination Table

Table 2.1 - QOL Level Determination Table

QOL Level	Criteria
Level 1	Mild interference with the ability to carry out the *usual and accustomed* activities of independent living, recreational and community activities, and/or personal relationships due to the entitled condition or bracketed entitled conditions; • Able to perform domestic/household activities on own but may require greater effort; or able to engage in usual employment, but experiences difficulty in carrying out full range of occupational activities due to entitled condition an may require modification to workplace, provision of aids or restructuring of tasks; • Able to drive a private motor vehicle or use public transportation independently, but may need vehicular adaptations, special seating or more frequent breaks; • Mild limitation with usual and accustomed type, frequency and quality of recreational and community activities, e.g., reduced frequency of activity; may require some assistance to participate in activity; may require changes in routine or activity. Recreational and community activities are still satisfying; • Mild reduction in the *scope, frequency and quality of usual and accustomed social and inter-personal relationships, e.g., contact with family, casual friends, colleagues and neighbours may occur but contact with casual acquaintances and participation in large gatherings may be avoided or reduced; occurrence of conflict in relationships more frequent than before; the inability to carry out some usual and accustomed family or social responsibilities due to the entitled condition or bracketed entitled conditions.
Level 2	Moderate interference with the ability to carry out the *usual and accustomed* activities of independent living, recreational and community activities, and/or personal relationships due to the entitled condition or bracketed entitled conditions: Majority of the following criteria must be met for a level 2 rating. • Able to perform domestic/household activities with assistance/special adaptations; or unable to work full time in normal occupation, or has had to change occupation or number of hours worked, or both because of the entitled condition; • Unable to drive but can travel using public or private transportation with assistance and/or vehicular adaptations; • Moderate limitation with usual and accustomed type, frequency and quality of recreational and community activities e.g., reduced frequency of activity; requires changes in routine or activity, able to participate in activity but requires assistance; • Moderate reduction in the *scope, frequency and quality of usual and accustomed inter-personal, social and interpersonal relationships; relationships primarily confined to immediate family and close friends; unable to carry out most of the usual and accustomed family responsibilities and is uninterested or distressed by partaking in usual family or social activities or outings due to the entitled condition or bracketed entitled conditions.

QOL Level	Criteria
Level 3	Extreme interference with the ability to carry out *usual and accustomed* activities of independent living, recreational and community activities, and/or personal relationships due to the entitled condition or bracketed entitled conditions. Majority of the following criteria must be met for a level 3 rating. • Not able to complete most domestic/household activities even with assistance or special adaptations; or unable to work due to entitled condition; • Not able to use private or public transportation and is dependent on transportation for the disabled; • Extreme limitation in usual and accustomed type, frequency and quality of recreational and community activities e.g., unable to take part in usual and accustomed activities and unable participate in alternate activities; • Extreme reduction in the *scope, frequency and quality of usual and accustomed inter-personal, social and interpersonal relationships. Severely affected relationships with extreme difficulty in relating to anyone e.g. virtually little or no contact with family members, close friends: relationships with family or friends, etc. are almost non-existent and extremely strained; unable to carry out most usual and accustomed family responsibilities.

*** Scope is defined as family, friends, colleagues and neighbours.**

Table 2.2 – Quality of Life Conversion Table

(Medical Impairment rating + QOL Rating = Disability Assessment)

Table 2.2 – Quality of Life Conversion Table

Medical Impairment Rating (Calculated Using Impairment Chapters)	Level 1 QOL Rating	Level 2 QOL Rating	Level 3 QOL Rating
1-10	1	2	N/A
11 - 20	2	3	5
21 - 30	3	5	7
31 - 40	4	6	9
41 - 50	5	7	11
51 - 60	6	9	13
61 - 70	7	11	15
71 - 80	8	13	17
81 - 100	10	15	20

Note: As per the *Pension Act*, payment of disability pensions/awards/compensations cannot exceed the maximum of 100% as set out in Schedule I or Schedule 3 of the V*eterans Well-being Act*.

Chapter 3

PARTIALLY CONTRIBUTING IMPAIRMENT

(I) - Introduction

Partially Contributing Impairment is to be applied whenever a Medical Impairment is not due solely to the effects of the entitled condition(s) currently being assessed.

(II) - Method of determining if Partially Contributing Impairment applies

Judgement is to be utilized by the decision maker using relevant medical evidence to determine if any non-entitled or previously entitled conditions contribute to the medical impairment currently being assessed. The judgement of the relative contributions should be based upon the medical information provided in the form of a medical questionnaire or medical report(s), and in some cases advice from a Departmental Medical Advisor.

The contribution should be expressed in the form: "The entitled condition(s) currently being assessed contribute(s) 'fully', 'three-quarters', 'one-half', 'one-quarter', 'not at all',.... to the medical impairment.

If more than one non-entitled or previously entitled condition contributes to the relevant Medical Impairment rating, the contribution of the non-entitled or already entitled conditions is treated as a single entity.

(III) - Method of applying Partially Contributing Impairment

Step 1: The decision maker determines the Medical Impairment rating for the entitled condition or bracketed entitled conditions currently being assessed using the appropriate assessment chapter(s).

Step 2: Find the Medical Impairment rating level in **Table 3.1**.

***Step 3**:* Find the appropriate contribution of the entitled condition or bracketed entitled conditions currently being assessed from the top row of **Table 3.1**.

Step 4: Where the appropriate Medical Impairment rating row and the appropriate contribution column intersect, the resulting value is the Medical Impairment rating with the Partially Contributing Impairment applied.

Table 3.1 - Partially Contributing Table

Medical Impairment rating	Complete	About 3/4	About ½	About 1/4	Not at all
NIL	NIL	NIL	NIL	NIL	NIL
1	1	1	1	0	0
2	2	2	1	1	0
3	3	3	2	1	0
4	4	4	2	1	0
5	5	5	3	2	0
6	6	6	4	2	0
7	7	7	4	2	0
8	8	7	5	2	0
9	9	8	6	3	0
10	10	9	6	3	0
11	11	10	7	3	0
12	12	11	7	4	0
13	13	12	8	4	0
14	14	12	9	4	0
15	15	14	9	5	0

Medical Impairment rating	Complete	About 3/4	About ½	About 1/4	Not at all
16	16	15	10	5	0
17	17	16	11	5	0
18	18	17	11	6	0
19	19	18	12	6	0
20	20	19	12	6	0
21	21	20	13	7	0
22	22	21	14	7	0
23	23	21	14	7	0
24	24	22	15	7	0
25	25	23	16	8	0
26	26	24	16	8	0
27	27	25	17	8	0
28	28	26	17	9	0
29	29	27	18	9	0
30	30	28	19	9	0
31	31	29	19	10	0
32	32	30	20	10	0
33	33	31	20	10	0
34	34	32	21	11	0
35	35	33	22	11	0
36	36	33	22	11	0
37	37	34	23	11	0
38	38	35	24	12	0

Medical Impairment rating	Complete	About 3/4	About ½	About 1/4	Not at all
39	39	36	24	12	0
40	40	37	25	12	0
41	41	38	25	13	0
42	42	39	26	13	0
43	43	40	27	13	0
44	44	41	27	14	0
45	45	42	28	14	0
46	46	43	29	14	0
47	47	44	30	15	0
48	48	45	30	15	0
49	49	46	30	15	0
50	50	47	31	16	0
51	51	47	32	16	0
52	52	48	32	16	0
53	53	49	33	16	0
54	54	50	33	17	0
55	55	51	34	17	0
56	56	52	35	17	0
57	57	53	35	18	0
58	58	54	36	18	0
59	59	55	37	18	0
60	60	56	37	19	0
61	61	57	38	19	0

Medical Impairment rating	Complete	About 3/4	About ½	About 1/4	Not at all
62	62	58	38	19	0
63	63	59	39	20	0
64	64	60	40	20	0
65	65	60	40	20	0
66	66	61	41	20	0
67	67	62	42	21	0
68	68	63	42	21	0
69	69	64	43	21	0
70	70	65	43	22	0
71	71	66	44	22	0
72	72	67	45	22	0
73	73	68	45	23	0
74	74	69	46	23	0
75	75	70	47	23	0
76	76	71	47	24	0
77	77	72	48	24	0
78	78	73	49	24	0
79	79	73	49	24	0
80	80	74	50	25	0
81	81	75	50	25	0
82	82	76	51	25	0
83	83	77	52	26	0
84	84	78	52	26	0

Medical Impairment rating	Complete	About 3/4	About ½	About 1/4	Not at all
85	85	79	53	25	0
86	86	80	53	27	0
87	87	81	54	27	0
88	88	82	55	27	0
89	89	83	55	28	0
90	90	84	56	28	0
91	91	85	57	28	0
92	92	86	57	29	0
93	93	86	58	29	0
94	94	87	58	29	0
95	95	88	59	29	0
96	96	89	60	30	0
97	97	90	60	30	0
98	98	91	61	30	0
99	99	92	61	31	0
100	100	93	62	31	0

Chapter 4
PAIRED ORGANS AND PAIRED LIMBS

I. Cross Reference to Veterans Affairs Canada policy.

The provisions of this section should be read in conjunction with the Loss of Paired Organ or Limb policy, as well as the Pain and Suffering Compensation policy.

II. Requirements for the Award of Entitlement under the Paired Organs and Paired Limbs in accordance with the *Pension Act* or the *Veterans Well-being Act*.

The requirements for the award of entitlement for a paired organ or paired limb are provided for in section 36 of the *Pension Act* which reads as follows:

> "Where a member of the forces who is in receipt of a pension on account of the loss of, or permanent loss of the use of, one of the paired organs or limbs of his body suffers, either before or after that loss or loss of use, the loss of, permanent loss of the use of or impairment of the pair of that organ or limb from any cause whatever, an additional pension shall, on application, be awarded to that member in an amount equal to fifty per cent of the pension that would have been awarded to the member, if the loss of, permanent loss of the use of or impairment of that organ or limb had occurred in circumstances in which a pension would have been payable under section 21."
>
> **or**

Are provided for in section 47 of the *Veterans Well-being Act* which reads as follows:

> (1) "The Minister may, on application, pay pain and suffering compensation to a member or a veterans who has been paid a disability award or pain and suffering compensation or to whom pain and suffering compensation is payable on account of the loss of, or the permanent loss of the use of, one of their paired organs or limbs if the member or veterans suffers, either before or after that loss of loss of use, the loss of, the permanent loss of the use of or the impairment of the other paired organ or limb from any case whatever.

(2) The member's or veteran's extent of disability in respect of that other paired organ or limb shall be considered to be 50% of the extent of disability at which the member or veteran would have been assessed if the loss of, the permanent loss of the use of or the impairment of that paired organ or limb had occurred in circumstances in which a disability award would have been payable under section 45."

III. Application

Under the provisions of section 36 of the *Pension Act*, or section 47 of the *Veterans Well-being Act,* paired organs include: ears[1], eyes, kidneys, ovaries and testes. Provisions for paired limbs include both upper limbs and lower limbs.

Section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* are not applicable to the lungs as entitlement for pulmonary diseases under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act* includes both lungs.

To be eligible for entitlement under section 36 of the *Pension Act* (paired organs/limbs), or section 47 of the *Veterans Well-being Act,* the primary condition must meet the minimum disability requirements for the total loss of or total loss of use of that organ/limb.

Minimum disability requirements for the total loss of or total loss of use of the primary organ or limb are listed as follows:

Minimum Disability Requirements

Total loss of or total loss of use of an organ or limb	Minimum Disability Assessment (total loss of) for the primary condition
Ear	10
Eye	29
Kidney	15
Ovary	5
Testes	5
Limb (lower)	48

[1] Generally entitlement will be awarded for bilateral hearing loss unless there is compelling evidence of disability in one ear only that is attributable or directly connected to service.

Total loss of or total loss of use of an organ or limb	Minimum Disability Assessment (total loss of) for the primary condition	
Limb (upper)	**Dominant** 58	**Non-Dominant** 43

When using the musculoskeletal lower limb **Table 17.9**, this table considers the lower limbs as a unit. The Partially Contributing Table, therefore, would need to be applied to determine the rating for one limb.

IV. Assessment of Disability in the Paired Organ

As paired organs have a complementary and common function, the total loss of one such organ may have little immediate overall effect. Impairment of or loss of the second organ of the pair commonly results in a major increase in disability. Hence, the loss of function must be assessed as a single entity when both organs become entitled, even if the second organ is entitled under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*. This is best illustrated by the example of a Member/Veteran/Client entitled for blindness in the right eye (primary condition) and through a natural cause, suffers total blindness in the left eye (secondary condition). If one-half of the normal assessment for the left eye were to be considered, this would result in an assessment of 1/2 of 29% = 14.5% under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*. In fact, by losing the total sight in the left eye, a complete loss of function has resulted. Therefore, the paired organ assessment under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* should more properly be calculated as:

100% - 29% = 71% / 2 = 35.5% (rounds up to 36 %)

The following examples demonstrate how paired organ assessments are established for paired organs under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*:

- Ears and Hearing: Example IX.1(i)
- Eyes and Vision: Examples IX.2(i), IX.2(ii), and IX.2(iii)
- Testes: Examples IX.3(i), IX.3(ii)
- Ovaries: Example IX.3(iii)
- Kidneys: Examples IX.4(i), IX.4(ii)

V. Assessment of Disability in Paired Limbs

The loss of the second limb or loss of use or impairment of the second limb is no less disabling and is assessable in its own right, subject to the principle that the

overall or combined assessments for all entitled conditions, including awards under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*, may not exceed 100%.

The following example demonstrates how paired limb assessments are established for paired limbs under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*:

- Upper and Lower Limbs: Example IX.5(i)

VI. Partial Entitlement for Primary Organ or Limb

Partial entitlement in respect of the primary organ or limb does not preclude an award under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for the secondary organ or limb. In such cases, the paired organ or limb will be entitled under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* and pension/award paid at one-half of the actual disability in the case of a limb, regardless of the amount of partial entitlement held for the primary organ or limb. In other words, the additional pension/award in respect of the paired organ or limb will be calculated in accordance with the instructions set out in sections (IV) and (V) of this chapter as appropriate, as if the Member/Veteran/Client held full entitlement for the primary organ or limb.

The following examples demonstrate how paired organ/limb assessments are established for paired organs and paired limbs where the primary condition is partially entitled:

Ears and Hearing: Examples IX.1(ii) and IX.1(iii)
Upper and Lower Limbs: Example IX.5(ii)

VII. Entitlement on a Consequential Basis

In circumstances where the loss of, permanent loss of the use of or impairment of an organ or limb may be entitled either on a consequential basis under subsection 21(5) of the *Pension Act* or section 46 of the *Veterans Well-being Act* or as a paired organ or limb under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act,* the condition will be entitled and assessed under section 36 of the Pension Act or section 47 of the *Veterans Well-being Act* only where a greater degree of entitlement will result.

VIII. Consideration of section 36 Awards in Determination of Total Disability for Exceptional Incapacity Allowance

Additional awards under section 36 of the *Pension Act* are to be included in the assessment for all other entitled conditions to determine whether the Member/Veteran/Client is totally disabled for Exceptional Incapacity Allowance purposes within the meaning of section 72 and are to be considered as a factor to determine whether and the extent to which, the Member/Veteran/Client may be exceptionally incapacitated for the purposes of section 72. Additional awards under section 36 will be rounded to the nearest whole number for purposes of this application.

IX. Examples - An Integral Part of Instruction

The examples or illustrations which follow form an integral part of the instruction and are to be read and used in conjunction with this instruction and the medical impairment chapters specific to the paired organ or paired limb disability.

When determining paired organ assessment, if the resulting assessment is a decimal, the assessment is rounded to the nearest whole number (round up from 0.5, e.g. 5.5 would be 6; round down under 0.5, e.g. 5.3 would be 5).

IX.1 Paired Organs - Ears

Example IX.1(i): Member/Veteran/Client holds entitlement for hearing loss right ear (total deafness one ear) with a Disability Assessment of **10%**, entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 or the *Pension Act* or section 47 of the *Veterans Well-being Act* for hearing loss left ear.

- **Step 1:** Assume the entire hearing loss Disability Assessment is **27% (24 + 3). (Level 1 Quality of Life (QOL))**
- **Step 2:** To determine the assessment for the left ear, calculate the difference between the entire hearing loss (Step 1) and the right ear assessment: **27% - 10% = 17%.**
- **Step 3:** To determine the Disability Assessment for the left ear, as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*, calculate 1/2 of the assessment for the left ear, determined in Step 2: **1/2 x 17% = 8.5 % (rounds up to 9 %).**

  This is the paired organ Disability Assessment under the paired organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

Example IX.1(ii): Member/Veteran/Client holds 3/5th entitlement for hearing loss right ear (total deafness right ear) with a Disability Assessment of **9% (3/5 x 14%)**, entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-*

being Act. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for otitis externa left ear.

- **Step 1:** Assume the left ear Disability Assessment for otitis externa is **5% (4 + 1). (Level 1 QOL)**

- **Step 2:** To determine the assessment for the left ear as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*, calculate 1/2 of the assessment for the left ear, determined in Step 1: **1/2 x 5% = 2.5%**.

  This is the paired organ Disability Assessment under the paired organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

Example IX.1(iii): Member/Veteran/Client holds 2/5th entitlement for hearing loss right ear (total deafness right ear) with a Disability Assessment of **4% (2/5 x 10%)**, entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for hearing loss left ear.

- **Step 1:** Assume the entire hearing loss Disability Assessment is **18% (15 + 3)**. (**Level 1 QOL)**

- **Step 2:** To determine the assessment for the left ear, calculate the difference between the entire Disability Assessment (step 1) and the right ear assessment: **18 % - 10 % = 8 %**.

- **Step 3:** To determine the Disability Assessment for the left ear, as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act,* calculate 1/2 of the rating for the left ear, determined in Step 2: **1/2 x 8 % = 4 %**.

  This is the paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or *the Veterans Well-being Act.*

IX.2 Paired Organs - Eyes and Vision

Example IX.2(i): Member/Veteran/Client holds entitlement for loss of vision right eye with a Disability Assessment of **29%**, entitled under section 21. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for loss of vision left eye. Visual acuity of the left eye is 6/60.

- **Step 1:** The entire visual Disability Assessment is **93% (76 + 17). (Level 3 QOL)**

- **Step 2:** To determine the assessment for the left eye, calculate the difference between the entire visual impairment and the right eye assessment: **93% - 29% = 64%**.

- **Step 3:** To determine the Disability Assessment left eye, as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*, calculate 1/2 of the assessment for the left eye, determined in Step 2: **1/2 x 64% = 32%**.

  This is your paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

Example IX.2(ii): Member/Veteran/Client holds entitlement for loss of right eye with a Disability Assessment of **29%**, entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently entitled under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for impaired vision left eye. Visual acuity in the left eye is 6/24.

- **Step 1:** The entire visual Disability Assessment is **61% (52 + 9). (Level 2 QOL)**

- **Step 2:** To determine the assessment for the left eye, calculate the difference between the entire visual impairment and the right eye for loss of vision assessment**: 61% - 29% = 32%.**

- **Step 3:** To determine the Disability Assessment for the left eye, as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*, calculate 1/2 of the assessment for the left eye, determined in Step 2: **1/2 x 32% = 16%**.

  This is the paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or section 47 of the *Veterans Well-being Act*.

Example IX.2(iii): Member/Veteran/Client holds entitlement for loss of vision of the right eye with a Disability Assessment of **29%** (26 + 3). He is later entitled for an enucleation of the same eye in which a medical impairment of 9 is applicable. However, since these two conditions cannot be separated for pension/award purposes, a combined assessment is determined. The medical impairments from both conditions is added together **(26 + 9 = 35)** and then the QOL is added **(35 + 6 = 41)**. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for impaired vision of the left eye with a visual acuity of 6/48.

- **Step 1:** The entire visual Disability Assessment is **79% (68 + 11). (Level 2 QOL)**

- **Step 2:** To determine the assessment for the left eye, calculate the difference between the entire visual impairment and the right eye for loss of vision assessment**: 79% - 29% = 50%**.

- **Step 3:** To determine the Disability Assessment for the left eye, as a paired organ under section 36, calculate 1/2 of the assessment for the left eye, determined in Step 2: **1/2 x 50% = 25%.**
  This is the paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

IX.3 Paired Organs: Testes and Ovaries

Testes:

Example IX.3(i): Member/Veteran/Client holds entitlement for loss of right testicle with a Disability Assessment of **5%,** entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for spermatocele left testicle.

- **Step 1:** Assume the entire Disability Assessment for symptomatic spermatocele left testicle is **5% (4 + 1)**. **(Level 1 QOL)**

- **Step 2:** To determine the Disability Assessment for the symptomatic spermatocele left testicle under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* : **1/2 x 5 % = 2.5% (rounded up to 3 %).**

  This is your paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act or* the *Veterans Well-being Act*.

Example IX.3(ii): Member/Veteran/Client holds entitlement for loss of right testicle with a Disability Assessment of **5%,** entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for loss of left testicle.

- **Step 1:** Assume the entire Disability Assessment for loss of both testicles is **29% (26 + 3). (Level 1 QOL)**

- **Step 2:** To determine the assessment for the loss of the left testicle, calculate the difference between the entire impairment and the loss of the right testicle: **29% - 5% = 24%.**

- **Step 3:** To determine the Disability Assessment for the loss of right testicle under section 36: **1/2 x 24% = 12%.**

  This is your paired organ Disability Assessment under the Paired Organ

provisions of the *Pension Act* or the *Veterans Well-being Act*.

Ovaries:

Example IX.3(iii): Member/Veteran/Client holds entitlement for loss of left ovary with a Disability Assessment of **5%,** entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for loss of right ovary.

- **Step 1:** Assume the entire Disability Assessment for loss of both ovaries is **29% (26 + 3). (Level 1 QOL)**
- **Step 2:** To determine the assessment for the loss of the right ovary, calculate the difference between the entire impairment and the loss of the left ovary: **29% - 5% = 24%**
- **Step 3:** To determine the Disability Assessment for the loss of right ovary under section 36: **1/2 x 24% = 12%.**

  This is your paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

IX.4 Paired Organs: Kidneys

Example: IX.4(i): Member/Veteran/Client holds entitlement for loss of left kidney with a Disability Assessment of **15%,** entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently entitled under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for diabetic nephropathy right kidney.

- **Step 1:** Assume the entire Disability Assessment for loss of both kidneys is **63% (57 + 6) (Level 1 QOL)**
- **Step 2:** To determine the assessment for the impairment of the right kidney, calculate the difference between the entire impairment and the loss of the left kidney: **63% - 15% = 48%**.
- **Step 3:** To determine the Disability Assessment for the diabetic nephropathy right kidney under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act:* **1/2 x 48% = 24%.**

  This is your paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

Example IX.4(ii): Member/Veteran/Client holds entitlement for loss of left kidney with a Disability Assessment of **15%,** entitled under section 21 of the *Pension Act*

or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for renal calculi right kidney.

- **Step 1:** Assume the entire Disability Assessment for renal calculi right kidney is **10% (9 + 1)**. **(Level 1 QOL)**

- **Step 2:** To determine the Disability Assessment for the right kidney as a paired organ under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*: **1/2 x 10% = 5%.**

  This is your paired organ Disability Assessment under the Paired Organ provisions of the *Pension Act* or the *Veterans Well-being Act*.

(IX.5) Paired Limb

Example IX.5(i): Member/Veteran/Client holds entitlement for mid-thigh amputation right leg with a Disability Assessment of **83%** under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client subsequently is entitled under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for osteoarthritis of the left knee.

- **Step 1:** Assume the entire Disability Assessment for osteoarthritis left knee is **20% (18 + 2)**. **Level 1 QOL used in this example**.

- **Step 2:** To determine the Disability Assessment for osteoarthritis left knee under paired limb section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act*: **1/2 x 20% = 10%.**

  This is your paired limb Disability Assessment under the paired limb provisions of the *Pension Act* or the *Veterans Well-being Act*.

Example IX.5(ii): Member/Veteran/Client holds one-fifth (1/5) entitlement for below knee amputation right leg with a Disability Assessment of **10% (1/5 x 48%),** entitled under section 21 of the *Pension Act* or section 45 of the *Veterans Well-being Act*. The Member/Veteran/Client is subsequently awarded under section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act* for varicose veins left leg.

- **Step 1:** Assume the Disability Assessment for varicose veins left leg is **10% (9 + 1)**. **Level 1 QOL used in this example.**
- **Step 2:** To determine Disability Assessment for varicose veins left leg under paired limb section 36 of the *Pension Act* or section 47 of the *Veterans Well-being Act:* **1/2 x 10% = 5%.**
  This is your paired limb Disability Assessment under the paired limbs provisions of the *Pension Act* or the *Veterans Well-being Act.*

Chapter 5

ATTENDANCE ALLOWANCE

Introduction

The purpose of this chapter is to provide criteria for use in determining the entitlement and assessment for an Attendance Allowance award.

Entitlement to Attendance Allowance is based on three legislative requirements of the *Pension Act.*

Assessment of Attendance Allowance is the grade level determination of the extent of attendance required for specific elements, as outlined in this policy.

Related Legislation

Subsection 38(1) of the *Pension Act* reads as follows:

A member of the forces who has been **awarded a pension or compensation or both**, is **totally disabled**, whether by reason of military service or not, **and** is **in need of attendance** shall, on application, in addition to the pension or compensation, or pension and compensation, be awarded an attendance allowance at a rate determined by Veterans Affairs Canada in accordance with the minimum and maximum rates set out in Schedule III.

Related Policy

Allowances

Entitlement

Definitions:

For the purposes of Attendance Allowance eligibility:

“awarded a pension or compensation” is defined as in receipt of a disability pension of 1% or more or prisoner of war compensation.

”totally disabled by reason of military service or not” is defined as an applicant who meets the definition of “totally disabled” in accordance with TABLE 1 of this policy.

“in need of attendance” is defined as the need for assistance or supervision of another individual with feeding, bathing, dressing, toileting, mobility or medication administration, **that is not already being met by** benefits, services or care provided to the client by VAC pursuant to veterans’ legislation or any other program, whereby the benefits services or care is provided at no expense to the client.

Relevant Table

TABLE 1 is used to determine whether an individual is “totally disabled” for the purpose of establishing eligibility for Attendance Allowance.

Establishing Entitlement

To establish entitlement, an applicant must meet all three legislative requirements. Use the following steps to verify that each requirement is met.

Step 1: Is the applicant in receipt of disability pension of 1% or more and/or POW compensation?

Step 2: Is the applicant “totally disabled”? Use TABLE 1 to establish this requirement. In accordance with TABLE 1, if the evidence establishes that the applicant suffers from a prolonged impairment which has lasted or is expected to last 12 months and the applicant meets the criteria outlined in TABLE 1, the applicant is determined to be “totally disabled” for the purposes of Attendance Allowance eligibility.

Step 3: Is the applicant in “need of attendance”? If the applicant demonstrates a need for attendance in feeding, bathing, dressing, toileting, mobility or medication administration; then the applicant meets this requirement.

If any one of the three legislative requirements are not met, the applicant does not meet eligibility and entitlement to Attendance Allowance must be denied.[1]

[1] Applicants who fall into one of the “Special Categories”, i.e. paraplegia; blindness or amputations, would meet the “totally disabled” requirement; however, if they do not demonstrate a “need of attendance” in any of the six elements, they would not be eligible for an attendance allowance.

Assessment

As with any other award under the *Pension Act*, once entitlement is granted, an assessment determination is made for payment purposes.

With respect to Attendance Allowance, once the three legislated requirements are met and an applicant is found to be eligible for an award, the extent of the applicant's need for attendance is then assessed to determine the grade level for payment purposes. The extent of the need for attendance is expressed as the "grade level".

Attendance Allowance is assessed based on a record of factual information covering the applicant's actual need for attendance. The need for attendance is assessed using five grade levels ranging from Grade 1 (total attendance) to Grade 5 (occasional attendance).

The elements which are taken into consideration in the determination of a grade level include:

The need for assistance or supervision with:

- Feeding
- Bathing
- Dressing
- Toileting
- Mobility
- Medication administration

Relevant Tables

Assessment of grade levels for Attendance Allowance are to be determined by using TABLE 2, TABLE 3 and TABLE 4 of this chapter.

- TABLE 2 outlines the five Grade Levels ranging from Grade I to Grade V.
- TABLE 3 outlines Special Categories and their prescribed Grade Level assessments.
- TABLE 4 contains guidelines to be used in conjunction with TABLE 2. The guidelines help determine the extent of attendance required.

Establishing Assessment

- Step 1 - If "Special Categories" exist, i.e. paraplegics, blindness or amputations, refer to **TABLE 3** and establish the prescribed grade level. If no "Special Categories" exist, skip this step.

- Step 2 - Refer to TABLE 2 and accompanying TABLE 4. Using TABLE 4 as a guide, rate the level of attendance required for each of the six elements indicated in TABLE 4.

- Step 3 - Based on the ratings from TABLE 4, establish the grade level determination using the following instructions:

(i) In cases where a client demonstrates a need for attendance at the same level for **two or more** of the elements found in TABLE 4, i.e. feeding, bathing, dressing, toileting, mobility or medication administration, and demonstrates a need for attendance at another level for **two or more** of these elements, assign the grade level that is most advantageous.

Example: If a client demonstrates a need for attendance at level 5 for feeding, dressing and medication administration and a level 4 for toileting and mobility, the client will be awarded a grade level of Grade 4.

(ii) In cases where a client demonstrates a greater degree of attendance in only **one** of the elements of TABLE 4, i.e. feeding, bathing, dressing, toileting, mobility **or** medication administration, which is one or two levels higher than the remaining elements, the isolated higher level will not be used to establish the grade level determination. In such cases, the assessor will refer to the next highest degree of attendance required for the remaining elements in TABLE 4 to establish the grade level determination.

Example: If a client demonstrates a degree of attendance at level 5 for feeding, bathing, and dressing, level 4 for toileting and level 2 for mobility, in accordance with this policy, the client will not be awarded Grade 2 on the basis of the degree of attendance for mobility alone, but will be awarded the next highest degree of attendance required, which in this example is Grade 4.

(iii) In cases where a client demonstrates a degree of attendance in only **one** element of TABLE 4, i.e. feeding, bathing, dressing, toileting, mobility **or** medication administration, and **no need of attendance** in any of the remaining five elements, a Grade 5 attendance allowance should be awarded.

Example: If a client demonstrates a degree of attendance at level 4 for bathing only, the client will be awarded a Grade 5 attendance allowance.

(iv) In order for a client to be awarded a Grade 1 attendance allowance, the client must demonstrate a need for attendance at the Grade 1 level in **all six elements** found in TABLE 4, ie. feeding, bathing, dressing, toileting, mobility **and** medication administration. In cases where a client demonstrates a need for attendance at the Grade 1 level for two to five of the elements, the attendance allowance must be awarded at one of the lower grades, whichever the adjudicator determines is most appropriate.

Example # 1: If a client demonstrates a need of attendance at level 1 for

dressing, bathing, toileting, and mobility, and level 2 for feeding and medication administration, the client should be awarded a Grade 2 attendance allowance.

Example # 2: If a client demonstrates a need of attendance at level 1 for dressing, bathing, toileting, and mobility, level 2 for medication administration, and level 3 for feeding, the client may be awarded either a Grade 2 or 3 attendance allowance, whichever is determined to be more appropriate.

Example # 3: If a client demonstrates a need of attendance at level 1 for dressing, bathing, toileting, and mobility, level 3 for medication administration and feeding, the client may be awarded either a Grade 2 or 3 attendance allowance, whichever is determined to be more appropriate.

(v) In cases dealing with “Special Categories”, i.e. paraplegia; blindness or amputations, the applicant will be awarded the most beneficial Grade level for which he/she qualifies using TABLE 3 and TABLE 2/TABLE 4.

Example: Using the Special Categories TABLE 3, a Grade 4 is prescribed for blindness where an individual cannot count fingers beyond several feet. Using TABLE 2 and accompanying TABLE 4, the client demonstrates a need for attendance at level 4 for feeding, bathing and dressing and level 3 for mobility and medication administration. In cases such as this, compare the assessment resulting from TABLE 3 with the assessment resulting from the rating from TABLE 4 and select the higher assessment. In this example, Grade 3 would be awarded.

TABLE 1	
DEFINITION OF TOTALLY DISABLED FOR ATTENDANCE ALLOWANCE ELIGIBILITY	
In establishing whether a person is "totally disabled" for the purposes of AA, there must be evidence of prolonged impairment - lasting 12 months or expected to last 12 months. **Persons in receipt of 100% disability pension[2] from VAC are considered totally disabled for AA purposes; those in receipt of less than 100% pension must meet ONE of the following criteria:**	
A	Paraplegics, blindness and amputations as defined in Table 3 - Special Categories of Chapter 5 of the Table of Disabilities.
B	Has a single amputation of one upper limb (at or above the wrist) **or** of the lower limb (at or above the ankle).
C	Requires life sustaining therapy to support a vital function, e.g. oxygen, clapping therapy to help in breathing, kidney dialysis to filter blood. Life sustaining therapy does not include implanted devices such as a pacemaker or special programs of diet, exercise, hygiene, or medication. Medical evidence must certify that you need, and dedicate time specifically for this therapy at least three times per week to an average of at least 14 hours per week. The need for this therapy must have lasted, or be expected to last, for a continuous period of at least 12 months.
D	Unable, all or most of the time, to feed oneself, **or** takes an inordinate amount of time to do so, even with the aid of medication, therapy or a device.
E	Is dependant on another individual to wash most of body, i.e. may be able to wash face and hands independently.
F	Is dependant on another individual to dress entire body.
G	Unable, all or most of the time, to personally manage bowel or bladder functions, **or** takes an inordinate amount of time to do so. (i.e. requires assistance with ostomy care, catheter care, or the changing of incontinent pads or briefs)
H	Unable, all or most of the time, to walk 50 metres (164 feet) on level ground, **or** takes an inordinate amount of time to do so, even with the aid of medication, therapy or a device.
I	Unable, all or most of the time, due to a psychological or cognitive impairment, to perceive, think or remember, even with the aid of medication, therapy or a device, i.e. cannot initiate or manage basic personal care or take medications without constant supervision.

[2] Does not include cases where the combined Disability Pension and Prisoner of War compensation is equivalent to a 100% disability pension, or the disability is assessed at 100% but only partial entitlement was awarded, e.g. (100% x 4/5 = 80%)

Related Definitions

Prolonged:
An impairment is prolonged if it has lasted, or is expected to last, for a continuous period of at least 12 months. In cases where terminally ill clients are not expected to live more than 12 months, their impairment will still be considered prolonged because it is impossible to know with any degree of certainty if they will indeed die with a 12-month period.

Markedly Restricted:
One may be markedly restricted if, all or almost all the time, one is unable (or it takes you an extremely long time) to perform a basic activity of daily living, even with therapy (other than life-sustaining therapy) and with the use of appropriate devices and medication.

For the purposes of establishing “total disability” for AA eligibility purposes, the following elements have been taken into consideration:

- walking
- perceiving, thinking or remembering
- basic personal care, i.e. washing
- feeding
- dressing
- toileting, i.e. bowel or bladder functions

In determining the grade of AA, activities such as housekeeping, preparing meals, shopping/errands, laundry, grounds keeping, repair and maintenance, using transportation or driving, using the telephone, managing money and social or recreational activities, are not taken into consideration.

Life-sustaining Therapy:
Life-sustaining therapy includes therapy to help in breathing, i.e. oxygen, or kidney dialysis to filter blood. Life-sustaining therapy does not include implanted devices such as a pacemaker or special programs of diet, exercise, hygiene, or medication. Medical evidence must certify that you need, and dedicate time specifically for, this therapy at least three times per week, to an average of at least 14 hours per week. The need for this therapy must have lasted, or be expected to last, for a continuous period of at least 12 months.

Inordinate amount of Time:
An “inordinate amount of time” is defined as significantly more time than it would take an individual of the same age to complete an activity in the absence of the impairment.

TABLE 2 [3]	
GRADE LEVELS	
I	Needs total care.
II	Needs significant supervision or assistance (either personal or mechanical with all activities of daily living.)
III	Needs intermittent daily supervision or assistance in performing some activities of daily living.
IV	Needs minimal supervision or assistance on a daily basis with activities of daily living but is essentially independent within home environment and can be safely left unattended for significant periods of time, overnight or throughout the day.
V	Needs occasional assistance or supervision with activities of daily living.

[3] TABLE 2 should be used in conjunction with TABLE 4. Using TABLE 4 as a guide, rate the level of attendance required for each of the six elements indicated.

TABLE 3		
	SPECIAL CATEGORIES	
1.	**Paraplegics With complete cord lesion**	Grade 1
2.	**Blindness**	
	a. Loss of both eyes or total - includes perception of light only, without projection.	Grade 1
	b. Light perception with some projection. Can distinguish light areas against dark. e.g. open doorways, windows.	Grade 2
	c. Cannot identify hand movements.	Grade 3
	d. Cannot count fingers beyond 1 foot	Grade 3
	e. Cannot count fingers beyond several feet.	Grade 4
	f. Cannot distinguish more than big letters (1st letter on chart 8 – 10 feet).	Grade 4
	g. Vision in better eye not more than 6/60 (20/200).	Grade 4
	h. Legally blind and/or accepted by CNIB for services.	Grade 4
3.	**Amputations**	
	a. Both Arms (at or above the wrist).	Grade 2
	b. One arm, and one leg at or above the knee.	Grade 3
	c. One limb at the knee or above, the other below the knee but above the Syme's[4].	Grade 3
	d. Both lower limbs below the knee, but above a Syme's.	Grade 3
	e. One Syme's and the other below the knee.	Grade 4
	f. Bilateral Syme's.	Grade 4

These "Special Categories" shall be considered in conjunction with TABLE 2 and the applicant shall be awarded the most beneficial grade level for which he/she qualifies under the two systems.

[4] Amputation of the foot at the ankle with removal of both malleoli (the rounded process of protuberance on either side of the ankle joint).

Table 4 – AA Grade Level Guidelines for use with Table 2

Table 4 – AA Grade Level Guidelines for use with Table 2

GRADE	ATTENDANCE
Element – Feeding	
Not in Need of Attendance	able to feed self independently with or without special equipment and without assistance or supervision of another individual
Grade 5 "Occasional"	occasionally needs food cut up but is able to feed self - this may not be a daily need
Grade 4 "Minimal"	requires food to be cut up on a daily basis but is able to feed self independently or with minimal assistance and/or supervision (e.g. help holding glass; cuing, encouraging or motivating to eat; etc.)
Grade 3 "Intermittent"	requires food to be cut up on a daily basis and may require a greater degree of assistance and/or supervision while eating (e.g. help holding glass and placing fork in hand; supervision to prevent choking on certain foods; etc.)
Grade 2 "Significant"	must be constantly assisted and/or supervised while eating
Grade 1 "Total"	needs to be fed [5]
Element – Bathing	
Not in Need of Attendance	able to bathe self independently with or without special equipment and without assistance or supervision of another individual
Grade 5 "Occasional"	occasionally requires assistance and/or supervision of another individual while bathing - this may not be a daily need
Grade 4 "Minimal"	requires some assistance and/or supervision while bathing (e.g. help with bathing difficult to reach body parts such as back and feet; help getting in and out of tub; cuing or encouraging; etc.)
Grade 3 "Intermittent"	requires a greater degree of assistance and/or supervision while bathing - than in Grade 4 (e.g. help with bathing more than just back and feet, such as the entire upper or lower body; closer supervision while bathing; etc.)
Grade 2 "Significant"	able to wash own face and hands but requires constant assistance and/or supervision during remainder of bath (i.e. cannot be left unattended while bathing)
Grade 1 "Total"	needs total assistance with bathing[5]

Table 4 – AA Grade Level Guidelines for use with Table 2 (continued)

GRADE	ATTENDANCE
Element – Dressing	
Not in Need of Attendance	able to dress self independently with or without special equipment and without assistance or supervision of another individual
Grade 5 "Occasional"	occasionally needs assistance and/or supervision of another individual with dressing - this may not be a daily need
Grade 4 "Minimal"	requires some assistance and/or supervision while dressing (e.g. help with socks, zippers and/or buttons, cuing or motivation; etc.)
Grade 3 "Intermittent"	requires a greater degree of assistance and/or supervision while dressing (e.g. help with putting on certain garments; supervision to prevent falls; etc.)
Grade 2 "Significant"	must be constantly assisted and/or supervised by and other individual while dressing
Grade 1 "Total"	needs total assistance with dressing[5]
Element – Toileting	
Not in Need of Attendance	able to manage toileting independently with or without special equipment and without assistance or supervision of another individual
Grade 5 "Occasional"	occasionally needs assistance and/or supervision of another individual while toileting - this may not be a daily need (e.g. needs help with incontinent briefs from time to time)
Grade 4 "Minimal"	requires minimal daily assistance and/or supervision while toileting (e.g. assistance with wiping)
Grade 3 "Intermittent"	requires a greater degree of assistance and/or supervision while toileting (e.g. assistance with lowering under-garments and wiping; supervision to prevent falls; etc.)
Grade 2 "Significant"	must be constantly assisted and/or supervised by another individual while toileting (e.g. needs help with incontinent pads every night; needs constant reminders to toilet; etc.)
Grade 1 "Total"	totally incontinent or dependant on another individual for toileting (e.g. needs help with catheter, bedpan or incontinent pads at all times[5]

Table 4 – AA Grade Level Guidelines for use with Table 2 (continued)

GRADE	ATTENDANCE
Element – Medication Administration	
Not in Need of Attendance	requires no medication or is able to take prescribed medications independently from bottles or self-prepared dosett.
Grade 5 "Occasional"	is able to take prescription medications independently, including Insulin, but requires the use of blister packs or a dosett prepared by another individual; **may need occasional reminders.**
Grade 4 "Minimal"	is able to take prescribed medications independently, including Insulin, but requires the use of blister packs or a dosett prepared by another individual; **may need daily reminders**.
Grade 3 "Intermittent"	is able to take prescribed medications independently, including Insulin, but requires the use of blister packs or a dosett prepared by another individual; **needs reminders with each dose**.
Grade 2 "Significant"	requires medications to be administered to assure proper usage - includes cases where a family member or nurse must come into home to administer meds (does **not** include cases where client is capable of managing own meds but someone, e.g. spouse, chooses to do so for the client.)
Grade 1 "Total"	is totally dependent on another individual to administer all medications.[5]
Element – Mobility	
Not in Need of Attendance	independent with mobility - with or without special equipment and without assistance or supervision of another individual (e.g. can walk, use cane, walker, scooter or wheelchair with no assistance or supervision).
Grade 5 "Occasional"	needs occasional assistance and/or supervision of another individual to be mobile (e.g. transferring).
Grade 4 "Minimal"	needs daily assistance and/or supervision of another individual to be mobile (e.g. with the use of a cane or walker indoors and outdoors and the use of a scooter or wheelchair for distance).
Grade 3 "Intermittent"	needs a greater degree of assistance and/or supervision of another individual to be mobile (e.g. with the use of a cane or walker indoors or the use of a wheelchair or scooter at all times outdoors).
Grade 2 "Significant"	needs constant assistance and/or supervision of another individual to be mobile (e.g. with the use of wheelchair at all times; cannot be left unattended, as would be the case with an Alzheimers patient).
Grade 1 "Total"	bedridden, if transferring to a chair, needs another individual to lift out manually or to operate a mechanical lift[5].

[5] To be eligible for Grade 1, the client must meet the criteria for all six elements.

Chapter 6
CLOTHING ALLOWANCES

6.01 - Cross Reference to VAC Policies

The provisions of this Chapter should be read in conjunction with the following policies: Allowances, Date Payable – Disability Benefits, Allowances, Prisoner of War/Detention Benefit Compensation, Pain and Suffering Compensation, and Application to the Minister.

6.02 - Wear and Tear of Clothing on Account of Use of Appliances

1. The requirements for the award of Clothing Allowances are laid down in Section 38 of the *Pension Act* or Section 60 of the *Veterans Well-being Act.*

2. The rates prescribed in subsection 38(6) of the *Pension Act* or Section 60 in accordance with Section 94 of the *Veterans Well-being Act* are subject to supplements based on the Consumer Price Index (CPI Supplement) in accordance with section 75 of the *Pension Act*. Awards shall be assessed in grades 1 to 10 as guided by the Table to Article 6.02.

3. The value assigned to each grade is published annually as adjusted to the Consumer Price Index.

TABLE TO ARTICLE 6.02			
Type of Appliance			**Rate**
1.	**Upper Extremity Appliances**		
	a)	Arm Brace #47	Grade 9
		Arm Brace #48	
	b)	Universal Hand Splint #40	Grade 10
		Drop Wrist Splint #46	
2.	**Spinal Appliances**		
	a)	Harris Brace #13	

		Taylor Brace #15	Grade 6
		Camp Hyperextension	
		Blair Hyperextension	
		Jewett Hyperextension	
		Jones Spinal	
		Steindler Spinal	
	b)	3/4 Taylor Brace	Grade 8
		Castex Body Cast	
		Plastic Body Corset	
	c)	Cervical Splint #51	Grade 9
	d)	Harris Brace #16	Grade 10 if wear and tear demonstrated
		Williams Flexion Brace	
		Goldthwait Spinal	
		Memphis Spinal	
		Orthopaedic Corset #9	
		Dorsolumbar (Ottawa Truss #888)	
		Dorsolumbar (Ottawa Truss #444) demonstrated	
3.	**Lower Extremity Appliances Rate**		
	a)	Leg Brace #69	Grade 4
		Paraplegic Braces #75	
	b)	Knee Cage (Jones) #68	Grade 5
		Thomas Caliper Splint #70	
	c)	Oxford Drop Foot Splint #59	Grade 6
		Drop Foot Splint #64	

		Drop Foot Splint #65	
		Miller Splint	
		Klenzak Drop Foot Splint	
		Pope Double Drop Foot Splint	
	d)	Ankle Brace #63	Grade 9
		Knee Corset Misc. “C”	
		(Gibson)	
	e)	Universal Ankle Brace #57	if wear and tear demonstrated Grade 10
		Drop Foot Lifter #58	
		Drop Foot Lifter (wire) #60	
		Hinged Knee Cap (Ottawa Truss #969)	
		Laced Knee Cap (Ottawa Truss #971)	

6.03 - Wear and Tear of Clothing on Account of Amputation

The amounts to be paid for wear and tear clothing on account of amputation are fixed by Subsection 38(4)(5) and Section 75 of the *Pension Act* or the following policies: Allowances, Date Payable – Disability Benefits, Allowances, Prisoner of War/Detention Benefit Compensation, Pain and Suffering Compensation, and Application to the Minister, being Grade 4 for a single amputation and Grade 3 for a double amputation.

6.04 - Specially Made Wearing Apparel

The amounts to be paid for specially made wearing apparel are fixed by Subsection 38(8) and Section 75 of the *Pension Act* or the following policies: Allowances, Date Payable – Disability Benefits, Allowances, Prisoner of War/Detention Benefit Compensation, Pain and Suffering Compensation, and Application to the Minister, being Grade 4.

6.05 - Clothing Allowance for Soiling

The maximum clothing allowance payable for soiling is Grade 5 rates as prescribed in the following policies: Allowances, Date Payable – Disability Benefits, Allowances, Prisoner of War/Detention Benefit Compensation, Pain and Suffering Compensation, and Application to the Minister.

Chapter 7
EXCEPTIONAL INCAPACITY ALLOWANCE

7.01 - Cross Reference to the Veterans Affairs Canada (VAC) Policies

The provisions of this Chapter should be read in conjunction with the following policies: Allowances, Date Payable – Disability Benefits, Allowances, Prisoner of War/Detention Benefit Compensation, Pain and Suffering Compensation, and Application to the Minister.

7.02 - Requirements for the Award of Exceptional Incapacity Allowance

The requirements for the award of Exceptional Incapacity Allowance (EIA) are laid down in section 72 of the *Pension Act*.

7.03 - Aim

The aim of these guidelines is to establish the standards to be used by adjudicators in arriving at equitable decisions when dealing with applications for EIA.

7.04 - General Approach

The award under Section 72 **should not be considered an extension of the 100% disability pension**; it is a new and different award and is not a pension/award but an allowance. “Disability” is defined in the *Pension Act*; however, this is not the case for “incapacity”. Nevertheless, it is accepted that “incapacity” has a much broader meaning than “disability”, it may involve considerations other than medical (1-28), e.g. ability to work, social activities, family problems, etc. In any case, the pensioner must be in receipt of either a disability pension under the *Pension Act* in the amount set out in Class 1 of the Schedule1 (i.e. 98% or greater), or a disability pension in a lesser amount than 98%; and compensation paid under the *Pension Act*; and/or a Disability Award/Pain and Suffering Compensation paid under the *Veterans Well-being Act* before they are considered eligible for EIA.

In determining whether the incapacity is “exceptional”, account shall be taken of the extent to which the disability for which a member is receiving a pension/award/compensation has left them in a helpless condition and/or in continuing pain and discomfort and/or has resulted in loss of enjoyment of life and/or shortened

their life expectancy and/or any other criteria of similar or like nature (1-15), e.g. psychological considerations. Any or all of the enumerated factors need not be individually present to an exceptional degree (1-22); it suffices that any one of these factors or a combination of two or more of these factors may produce an exceptional incapacity.

In assessing the amount of incapacity involved, the adjudicator must consider the **whole** of the pensioned/awarded/compensated primary conditions, the **whole** of the pensioned/awarded/compensated consequential conditions (*partially pensioned/awarded/compensated conditions are considered as wholly pensioned/awarded/compensated conditions for purpose of considering an EIA) and those non-pensioned/non-awarded/non-compensated conditions which are shown to affect, or be affected by the pensioned/awarded/compensated conditions (1-27-V, Q-369, Q-1030, E-7631).

It is important to be cognizant of the fact that is it difficult and frequently impossible to medically separate the impact of pensioned/awarded/compensated and non-pensioned/non-awarded/non-compensated conditions in a severity disabled persons and in such cases, one can fairly assume such impact exists.

It is to be reaffirmed that Section 72, by its terms, represents a deliberate departure from the intention or principle which prevails in the award of a pension/award/compensation. The Section does not authorize the award of an additional “pension”. It authorizes the payment of an “allowance” if certain conditions are fulfilled.

Nothing in Section 72 indicates that it must be predicted wholly on pensionable/awardable/compensable disabilities nor, by the same token, does it exclude from the determination of exceptional incapacity that part of the incapacity which is attributable to non-pensionable injury or disease. (Federal Court of Appeal Judgement, January 25, 1980).

Account should be taken of the “synergism” principle, i.e. the total effect of the pensioned/awarded/compensated disabilities may be greater than the sum of the effects of the disabilities taken independently. Mental and physical deterioration due to age is not excluded in the determination of exceptional incapacity. (E-2100, E-7631).

Pensioners who are paraplegics, double amputees, certain cases of blindness or certain psychiatric cases are automatically granted EIA as per the Table of Disabilities to Article 7.09. This does not preclude these particular pensioners from receiving a higher rate than called for by the Table of Disabilities to Article 7.09 if they are also seriously handicapped by other acceptable, severe disabilities. Paragraph 2 of Section 72 of the

Pension Act and (1-3) states that account may be taken of the degree to which incapacity is lessened by treatment or the use of prostheses. In the case of double amputee pensioners in the Grade 5 and 4 category, the Table was drawn up on the basis that the amputated limbs are fitted with a prosthesis.

An award of EIA. is paid whether the member is living at home or in an institution or hospital, etc.

7.05 - Determining Factors

In determining whether the incapacity suffered by a member of the forces is exceptional, account will be taken, as required by Subsection 72(2) of the Act, of the extent to which the disability for which they are receiving pension/award/compensation has:

(a) left the member in a helpless condition;
(b) left them in continuing pain and discomfort;
(c) resulted in loss of enjoyment of life;
(d) shortened their life expectancy.

It has been judicially held that the language of subsection 72(2) does not restrict the scope of the term “exceptional incapacity” in that any such limitation would restrict the generality or the “reach” of subsection 72(1)(b). The language of subsection 72(2) points to Parliament’s intention that in determining whether the incapacity suffered is exceptional, certain objective tests must be taken into account. These tests, as found under subsection 72(2) are not, however, to be read as restricting the general requirement of subsection 72(1)(b), which is that exceptional incapacity is to be determined by **whatever criteria are relevant**. The purpose of subsection 72(2) is to make clear that account must be taken of the matters mentioned **along with other relevant factors** in determining whether an incapacity is exceptional. (See Federal Court of Appeal Judgement January 25, 1980.)

Taking each factor into consideration separately, the following points should be observed:

a) **Helplessness**
“Helplessness” may be judged by referring to the evidence submitted on an Attendance Allowance claim and, more particularly, the evidence presented by the veteran, their spouse or family, an Area Counsellor’s Report, or by any other cogent evidence material to the evaluation as to the extent of the applicant’s degree of dependence.

b) **Continuing Pain and Discomfort**

As pain is subjective, the degree of pain is most difficult to judge. It is accepted, medically, that there is a wide variation in the individual reaction to pain dependent on the personal pain threshold. An intermittent pain, even if moderately severe, described where a person is completely mobile requiring little medication, would not be considered exceptional. Pain requiring constant medication or treatment for attempts to control the pain could well be exceptional. Conditions causing severe and continuous discomfort may also be considered exceptional, e.g. shortness of breath requiring almost constant use of oxygen, intractable pruritus and continuous vertigo, etc. In all cases of continuing pain and discomfort the relief given by medication or treatment is to be taken into consideration.

c) **Loss of Enjoyment of Life**

When considering this factor, helplessness, continuing pain and discomfort and shortening of life expectancy must be taken into consideration. In addition, the inability to work (if still of working age), the premature inability to partake in social events (including sports) which previously were part of the individual's lifestyle, are also considerations. In addition to disabilities mentioned in Table of Disabilities 7.09, loss of hearing, impotence and serious disfigurement are also important contributory factors as are the adverse psychological effects resulting from the pensioned conditions.

d) **Shortening of Life Expectancy**

Life expectancy varies in different individuals depending on constitutional heredity, environmental and possible other factors. Each person's individual life expectancy should be evaluated on its own merits based on, and supported by, acceptable medical evidence, and not necessarily in relation to national average. Even if a person is in their 80's, the presence of a pensioned/awarded/compensated condition such as heart disease, chronic chest disease, diabetes, etc., may still be significant in reducing life expectancy.

e) **Psychological Complications**

This factor is not mentioned as such in the Act but will be considered if there is medical evidence that the recognized disabilities have resulted in these types of complications, e.g. feelings of rejection and depression resulting in withdrawal from society because of a loss of independence, loss of dignity, disfigurement, impotence, etc. This problem is not to be confused with the psychiatric cases listed in the Table to Article 7.09.

7.06 - The Determination of Grade Levels Under Section 72

1. These guidelines will require VAC to consider each Section 72 application through a process of comparing the severity of the incapacity suffered by the applicant to the defined profiles for each grade level set out below. In this context a type or precedent system will have to be adhered to by VAC in order to provide appropriate consistency and predictability of adjudication.

2. Notwithstanding the establishment of these guidelines with reference to the grade levels for EIA, it will be necessary for VAC to adjudicate each application under Section 72 on its individual merits due to the fact that many claims possess unique combinations of multiple disabilities and resultant incapacities.

3. The guidelines are applicable, essentially, to multiple disability claims and do not necessarily alter the employment of the current Table of Disabilities with reference to more straight forward application, i.e. various types of amputation or particular combinations of amputations, et al.

4. The evidence to be considered in determining the grade levels of EIA to be awarded in individual applications may include non-medical evidence and documentation in addition to medical evidence and documentation. (See Interpretation Hearing 1-28, Pension Review Board.)

5. It is to be recognized with reference to multiple disability claims that the inter-relationship of pensioned/awarded/compensated disabilities and non-pensioned/non-awarded/non-compensated conditions is a strong element in a high majority of such applications and will have to be given due consideration by VAC in adjudicating the individual grade levels of EIA. (See Federal Court of Appeal Decision, January 25, 1980).

6. The profile of an exceptionally incapacitated individual is arrived at through a review and evaluation of a number of significant pronouncements and decisions on the legal interpretation of Section 72 of the *Pension Act* established over the years by the Federal Court of Appeal of Canada, the Pension Review Board and VAC, including the following:
   a. The Federal Court of Appeal Decision of January 25, 1980, in relation to EIA;
   b. Interpretation Decisions of the Pension Review Board (1-15, 1-22, 1-27, 1-28);
   c. The VAC Medical Guideline 2/82 of December, 1982;

   (See also the Report of the Special Committee to Study Procedures under the *Pension Act*, pp. 79-148, and also the submissions made to the Special

Committee to Study Procedures under the *Pension Act* by the National Council of Veterans Associations in Canada - Preliminary Submission of Mr. H.C. Chadderton on E.I.A., pp.58-70; Submission of Mr. Brian N. Forbes on E.I.A., pp. 28 - 45)

Subject to the foregoing, the following represents a general "profile" for each grade level of EIA pursuant to Section 72 of the *Pension Act*:

Grade Five

a. Incapacity suffered as a consequence of the inter-relationship of pensioned/awarded/compensated disabilities which produces a synergistic effect on their ability to cope with their general state of disablement. This concept recognizes that a severe incapacity can result from their pensioned/awarded/compensated disabilities making up their 100% pension; **or**
b. Incapacity resulting from the onset of a minor non-pensioned/non-awarded/non-compensated condition(s)which affects or is affected by the pensioned/awarded/compensated disabilities of the veteran/applicant; **or**
c. Incapacity arising as a consequence of the aging factor, the degree of helpless, the loss of enjoyment of life, the extent of pain and discomfort, the shortening of life expectancy, psychological complications or other material EIA factors, wherein such factors impact on the ability of the applicant to manage their pensioned/awarded/compensated disabilities; **or**
d. Incapacity flowing from a deterioration of the general lifestyle of the applicant so as to result in a negative impact on the veteran's social, psychological, business or domestic circumstances; **or**
e. The existence of evidence or circumstances wherein they are approaching a state whereby their activities of daily living are in jeopardy.

Grade Four

a. An increase in the level of incapacity suffered by the applicant when compared to the profile of a grade five recipient of EIA with particular regard to the prerequisites outlined in subparagraphs (a), (c), (d), and (e) of the Grade Five profile description;
b. The onset of a medical condition of a major nature, i.e., coronary heart disease; cancer condition; diabetic condition; stroke, at al., or a number of minor medical conditions whose cumulative impact have progressed to the extent that these conditions are affecting or being affected by the applicant's other disabilities.

Grade Three

a. An increase in the level of incapacity suffered by the applicant when compared to the profile of a Grade Four recipient of EIA with particular regard to the prerequisites outlined in subparagraphs (a), (c), (d) and (e) of the Grade Five profile description; **or**
b. The onset of two major medical conditions or one major medical condition together with a number of minor medical conditions whose cumulative effect have progressed to the extent that these medical conditions are affecting or are affected by the applicant's other disabilities;
c. The severity of the cumulative effect of the non-pensioned/non-awarded/non-compensated conditions and the pensioned/awarded/compensated disabilities have reached such a level so as to significantly incapacitate the applicant, without specific regard to the number of medical conditions, in circumstances where the applicant is approaching a position of being unable to reasonably carry on with their day to day activity.

Grade Two

a. An increase in the level of incapacity suffered by the applicant when compared to the profile of a Grade Three recipient of EIA with particular regard to the prerequisites outlined in subparagraphs (a), (c), (d) and (e) of the Grade Five profile description; **or**
b. The onset of three major medical conditions or two major medical conditions together with a number of minor medical conditions whose cumulative effect have progressed to the extent that these conditions are affecting or are affected by the applicant's other disabilities; **or**
c. The severity of the cumulative effect of the non-pensioned/non-awarded/non-compensated conditions and the pensioned/awarded/compensated disabilities have reached such a level so as to significantly incapacitate the applicant, without specific regard to the number of medical conditions, in circumstances where the applicant is approaching a position of being unable to reasonably carry on with their daily activity and they are approaching the need for institutionalization due to the seriousness of their incapacity.

Grade One

a. An increase in the level of incapacity suffered by the applicant when compared to the profile of a Grade Two recipient of EIA with particular regard to the prerequisites outlined in subparagraphs (a), (c), (d) and (e) of the Grade Five profile description; **or**
b. The severity of the cumulative effect of the non-pensioned/non-awarded/non-

compensated conditions and the pensioned/awarded/compensated disabilities have reached such a level so as to significantly incapacitate the applicant, without specific regard to the number of medical conditions in circumstances where the applicant is unable to cope with their day to day activity level or in circumstances where the applicant is institutionalized due to the seriousness of their incapacity.

7.07 - Application Required

Subsection 80(1) of the *Pension Act* states that "...no award is payable to a person unless **an application has been made** by or on behalf of the person..."

7.08 - Effective Date

The Minister will notify new Class 1 pensioners of their eligibility to apply for this allowance, at which time they may choose whether or not to apply for it. The date the pension indicates the member/veteran's wish to apply for an EIA would be considered the "date of application". If the pensioner is found to be suffering an exceptional incapacity that is a consequence of or caused by the disability or disabilities for which they receive pension and an award at Class 1 rates, the effective date of an EIA cannot pre-date **the effective date of the decision** awarding a Class 1 pension under the *Pension Act* or a combination of disability pension and compensation under the *Pension Act* and Disability Award/Pain and Suffering Compensation under the *Veterans Well-being Act* that total 98% or more.

7.09 - Rates of Exceptional Incapacity Allowance

1. The rates prescribed in section 74 of the *Pension Act* are subject to supplements based on the Consumer Price Index (CPI Supplement) in accordance with section 75 of the *Pension Act*. Awards shall be assessed in Grades 1 to 5 in accordance with the Table to Article 7.09.
2. The rates are the minimum award for the average case falling in the category described when there is no other pensioned/awarded/compensated condition contributing materially to the factors identified in section 72 of the *Pension Act*. In assessing the quantum, account has been taken in some cases of the degree to which the incapacity is lessened by the use of prostheses.
3. The value assigned to each Grade is published annually as adjusted to the Consumer Price Index.

TABLE TO ARTICLE 7.09		
Exceptional Incapacity		**Rate**
Paraplegia:		
1.	Paraplegics (total cord lesion)	GRADE 1
Amputations:		
2.	Quadruple and triple amputees	GRADE 1
3.	Totally confined to a wheelchair, self-propulsion not possible	GRADE 2
4.	Totally confined to a wheelchair, propelled by pensioner	GRADE 3
5.	Bilateral above-elbow amputee	GRADE 3
6.	Bilateral above knee amputee	GRADE 4
7.	Bilateral upper limb amputee, 1 below elbow, 1 above elbow	GRADE 4
8.	Double amputee, 1 above knee, 1 above elbow	GRADE 4
9.	Bilateral amputee, 1 above knee, 1 below knee	GRADE 5
10.	Double amputee, 1 above knee, 1 below elbow	GRADE 5
11.	Bilateral below elbow amputee	GRADE 5
12.	Bilateral below knee amputee	GRADE 5
13.	Double amputee, 1 below elbow, 1 below knee	GRADE 5
Blindness:		
14.	Total blindness (no perception of light) with a significant secondary disability	GRADE 1
15.	Total blindness (no perception of light)	GRADE 2
16.	Perception of light without light projection	GRADE 3
17.	Light projection permitting orientation in familiar surroundings indoors	GRADE 4
18.	Ability to count fingers and to move around in protected areas outdoors	GRADE 5

Loss of Bladder and Bowl Control:		
19.	Loss of bladder and bowel control has been considered to increase Exceptional Incapacity Allowance by $400 per annum, or by one grade.	
Psychiatric:		
Note: The following guidelines can be fully understood only against the background of the expert opinions and the typed cases which are on record in the office of the Chief, Psychiatric Division, Medical Advisory Branch.		
20.	Totally inert schizophrenic or depressive require complete hospital care, major nursing care.	
21.	Profound depression requiring constant care in hospital to preserve life and showing obvious signs of gross psychic pain and discomfort and total loss of enjoyment of life.	GRADE1
22.	Severe psychotic disturbance requiring long term hospitalization as a life-preserving measure, able to care for themself in hospital but with minimal to slight ability to take part in recreation or occupational therapy. The presence of evident distress in the above situation might indicate the higher award.	GRADE 2-3
23.	Requiring home or hospital supervision of a more general nature, able to attend to personal care but capable of only very limited participation in occupational or recreational therapy. Actual level to be determined by evidence of psychic distress and by the degree of loss of enjoyment of family, recreation and the like.	GRADE 4-5

Chapter 8
VISUAL IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions which result in loss of visual acuity, a visual field defect or other miscellaneous condition(s) of the eye.

Impairment from malignant conditions of the eye is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains three “Loss of Function”, one “Other Impairment” table and two figures which may be used to rate entitled visual conditions.

The tables within this chapter are:

Table 8.1	Loss of Function - Visual Acuity	This table is used to rate impairment from loss of visual acuity.
Table 8.2	Loss of Function - Visual Field	This table is used to rate impairment from loss of visual field.
Table 8.3	Loss of Function - Miscellaneous Visual	This table is used to rate impairment from miscellaneous visual conditions.
Table 8.4	Other Impairment - Ocular	This table is used to rate impairment from ocular conditions.
Figure 8A	Esterman Grid - Left Eye	This figure is used to rate impairment from visual field loss in the left eye.
Figure 8B	Esterman Grid - Right Eye	This figure is used to rate impairment from visual field loss in the right eye.

Visual Acuity

Table 8.1 is used to rate impairment from eye conditions which result in a loss of visual acuity.

Visual acuity describes the ability of the eye to perceive details in the environment. Visual acuity is measured for near and distance but for the purposes of **Table 8.1** and for further discussion in this Chapter, visual acuity will refer **only** to best corrected distance acuity. This is measured when wearing glasses or contact lenses, if required. No additional rating is given for wearing corrective lenses.

All visual acuity within the chapter will be expressed in *Snellen Notation* (i.e. 6/6; 20/20). A chart for converting Snellen Notation from metric to standard measurement is found with **Table 8.1**.

Visual acuity at the 20/200 level is sometimes referred to as "*legal blindness"*. This term is a misnomer because ninety percent of persons who are said to be "legally blind" are not totally blind, but have what should be described as *severe vision loss*.

Normal vision is a *binocular* function meaning that both eyes contribute to the function of sight. If an entitled condition affects only one eye the visual impairment is said to be *monocular*. However, for the purposes of assessment in this Table, all visual impairments are expressed in terms of binocular visual impairment by assuming the vision in the non-entitled eye is normal (i.e. 6/6 or 20/20).

Impairment of entitled amblyopia is rated on the best corrected distance visual acuity at service discharge.

A medical impairment of 35 is given for enucleation of the eye. A medical impairment of 26 for the total loss of vision in the eye and a medical impairment of 9 for the loss of the eye.

Visual Field

Table 8.2 is used to rate impairment from eye conditions which result in loss of visual field.

Visual field testing measures the functional ability of the eye to detect objects in the periphery of the visual environment. Visual fields can be affected in entitled conditions such as glaucoma, optic atrophy, retrobulbar neuritis, and retinitis pigmentosa.

Clinically, most field tests are limited to the central 30 degrees of vision as this is the

most important area for diagnostic purposes. For VAC pension/award purposes, this may disadvantage certain Members/Veterans/Clients. Whenever possible, a 60 degree visual field test will be used.

The preferred method for measuring visual field defects is the Esterman Monocular Functional Test. This test determines a result which corresponds to the monocular field loss assessment. Other manual or automated field tests may be used (e.g. Goldman Visual Field Plots, Bjerrum Screen, Allergan Humphrey Computerized Method or Tangent Screen Testing).

- If the field has been defined by a manual method such as a Bjerrum screen with a 5/1000 white target or a Humphrey bowl at 10dB or less, a transparency of the Esterman grid is placed over the map of the visual field. Those dots that fall wholly or partially within the area of field loss are counted, and the number of dots so counted is to be taken as the monocular assessment for the field loss of that eye.

- If the field has been defined by the Humphrey computerized method, a pseudoisopter is drawn to include all dots of intensity of 10dB or less. A transparency of an appropriate Esterman grid is placed over the area and all dots which fall wholly or partially within the area of the visual field loss are counted. The number of dots so counted is the monocular assessment of the field loss of that eye.

- If a Kinetic Goldman Visual Field Test is used, the isopter produced by the III - 4e stimulus is used to determine the visual field loss. Using an appropriate Esterman grid that covers exactly the central 60 degrees of the Goldman Field, count the dots within the area that represents the visual field loss. The number of counted dots is the monocular field loss assessment for that eye.

If a method other than those identified above is used to determine visual field loss, the case will be rated on individual merits.

Loss of Function - Visual Acuity

Table 8.1 is used to rate impairment where the loss of function relates to visual acuity. Only one rating may be selected. If more than one rating is applicable the ratings are **compared** and the **highest** selected.

If more than one condition with visual acuity effects is to be rated from **Table 8.1**, the conditions are bracketed for assessment purposes.

When **both** eyes have an entitled decrease in visual acuity, the monocular visual acuity rating for the **better** eye is plotted on the horizontal axis and the monocular visual acuity rating for the **worse** eye is plotted on the vertical axis of **Table 8.1.** The value at the intersection point is the binocular visual acuity impairment rating.

When only **one** eye has an entitled decrease in visual acuity, the monocular visual acuity rating in that eye is converted to a binocular visual acuity rating using **Table 8.1**. The monocular visual acuity rating for the non-entitled eye is assumed to be normal (i.e. “6/6" or “20/20") even if there is a loss of visual acuity in that eye. This value is plotted along the horizontal axis of **Table 8.1.** The monocular visual acuity rating for the entitled eye is plotted on **Table 8.1** along the vertical axis. The value at the intersection point is the binocular visual acuity impairment rating.

When entitled visual acuity conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Visual Field

Table 8.2 is used to rate impairment where the loss of function relates to visual field. Only one rating may be selected. If more than one rating is applicable the ratings are **compared** and the **highest** selected.

If more than one condition with visual field effects is to be rated from **Table 8.2**, the conditions are bracketed for assessment purposes.

When **both** eyes have an entitled decrease in visual field, the monocular field loss assessment for the **better** eye is plotted on the horizontal axis and the monocular field loss assessment for the **worse** eye is plotted on the vertical axis of **Table 8.2.** The value at the intersection point is the binocular visual field impairment rating.

When only **one** eye has an entitled decrease in visual field, the monocular field loss assessment for that eye is converted to a binocular visual field rating using **Table 8.2**. The monocular field loss assessment for the non-entitled eye is assumed to be normal (i.e. “0") even if there is a loss of visual field in that eye. This value is plotted along the horizontal axis of **Table 8.2.** The monocular field loss assessment for the entitled eye

is plotted on **Table 8.2** along the vertical axis. The value at the intersection point is the binocular visual field impairment rating.

When entitled visual field conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Miscellaneous Visual

Table 8.3 is used to rate impairment from miscellaneous eye conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled miscellaneous visual conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Ocular

Table 8.4 is used to rate impairment from ocular conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Any impairment for disfigurement caused by enucleation is included in the impairment rating. No additional impairment rating is considered from the Chapter 22, Skin Impairment.

When entitled ocular conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 8.1 - Loss of Function - Visual Acuity

When **both** eyes have an entitled decrease in visual acuity, the monocular visual acuity rating for the **better** eye is plotted on the horizontal axis and the monocular visual acuity rating for the **worse** eye is plotted on the vertical axis of **Table 8.1.** The value at the intersection point is the binocular visual acuity impairment rating.

When only **one** eye has an entitled decrease in visual acuity, the monocular visual acuity rating in that eye is converted to a binocular visual acuity rating using **Table 8.1**. The monocular visual acuity rating for the non-entitled eye is assumed to be normal (i.e. “6/6" or “20/20") even if there is a loss of visual acuity in that eye. This value is plotted along the horizontal axis of **Table 8.1.** The monocular visual acuity rating for the entitled eye is plotted on **Table 8.1** along the vertical axis. The value at the intersection point is the binocular visual acuity impairment rating.

Table 8.1 - Loss of Function - Visual Acuity

								Conversion					
	≥6/6	Nil						**Metric** 6/6 6/9 6/12 6/18 6/24 6/30 6/36 6/48 6/60 3/60 6/120		**Feet** 20/20 20/30 20/40 20/60 20/80 20/100 20/120 20/160 20/200 10/200 20/400			
	≥6/9	Nil	Nil										
	≥6/12	Nil	Nil	Nil									
	≥6/18	4	4	9	13								
Visual Acuity Worse Eye	≥6/24	9	9	13	18	26							
	≥6/30	9	13	13	21	26	26						
	≥6/36	13	18	18	26	31	39	43					
	≥6/48	13	18	21	31	39	43	48	52				
	≥6/60	18	18	26	31	48	48	52	52	61			
	≥3/60, 6/120	18	21	26	34	48	48	61	61	71	76		
	Count fingers or less (blind)	26	26	34	43	52	52	61	68	76	85	85	
		≥6/6	≥6/9	≥6/12	≥6/18	≥6/24	≥6/30	≥6/36	≥6/48	≥6/60	≥3/60 6/120	**Count fingers or less (blind)**	
Visual Acuity Better Eye													

Steps to Determine Visual Acuity Assessment

Step 1: Determine the rating from **Table 8.1** (Loss of Function - Visual Acuity).

- Plot the monocular visual acuity loss for the worse eye along the vertical axis.
- Plot the monocular visual acuity loss for the better eye along the horizontal axis.

The point of intersection of the two axis indicates the binocular visual acuity impairment.

Note: If only one eye is entitled or if only one eye has a visual acuity impairment then the monocular impairment for the second eye is determined to be normal (i.e.6/6 or 20/20) even if there is a loss of visual acuity in that eye.

Step 2: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 1.

Step 3: Determine the Quality of Life rating**.**

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 8.2 - Loss of Function - Visual Field

When both eyes have an entitled decrease in visual field, the monocular field loss assessment for the better eye is plotted on the horizontal axis and the monocular field loss assessment for the worse eye is plotted on the vertical axis of Table 8.2. The value at the intersection point is the binocular visual field impairment rating.

When only one eye has an entitled decrease in visual field, the monocular field loss assessment for that eye is converted to a binocular visual field rating using Table 8.2. The monocular field loss assessment for the non-entitled eye is assumed to be normal (i.e. “0") even if there is a loss of visual field in that eye. This value is plotted along the horizontal axis of Table 8.2. The monocular field loss assessment for the entitled eye is plotted on Table 8.2 along the vertical axis. The value at the intersection point is the binocular visual field impairment rating.

Central scotoma is rated on individual merits.

Table 8.2 - Loss of Function - Visual Field

Monocular Field Loss Assessment of Worse Eye	Loss of Visual Field																				
	0	Nil																			
	5	Nil	4																		
	10	4	4	9																	
	15	4	9	9	13																
	20	4	9	9	13	18															
	25	4	9	13	13	18	21														
	30	9	9	13	18	18	21	26													
	35	9	13	13	18	21	21	26	31												
	40	9	13	18	18	21	21	26	31	34											
	45	9	13	18	18	21	26	26	31	34	34										
	50	9	13	18	21	21	26	31	31	34	39	39									
	55	13	13	18	21	21	26	31	34	34	39	43	43								
	60	13	18	18	21	26	26	31	34	34	39	43	48	48							
	65	18	18	18	21	26	31	31	34	39	39	43	48	52	52						
	70	18	21	18	21	26	31	34	34	39	43	43	48	52	52	57					
	75	21	21	21	26	26	31	34	34	39	43	48	48	52	57	57	63				
	80	21	26	21	26	31	31	34	39	39	43	48	52	52	57	61	63	68			
	85	26	26	26	26	31	34	34	39	43	43	48	52	52	57	61	68	71	76		
	90	26	26	26	26	31	34	34	39	43	48	48	52	57	57	61	68	76	81	85	
	95	26	26	31	31	31	34	39	39	43	48	52	52	57	61	61	68	81	85	85	85
	100	26	26	31	31	34	34	39	43	43	48	52	52	57	61	63	71	81	85	85	85	85
		0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
	Monocular Field Loss Assessment of Better Eye																				

Steps to Determine Visual Field Assessment

Step 1: Determine the rating from **Table 8.2** (Loss of Function- Visual Field).

- Plot the monocular visual field loss for the worse eye along the vertical axis.
- Plot the monocular visual field loss for the better eye along the horizontal axis.

The point of intersection of the two axis indicates the binocular visual field impairment.

Note: If only one eye is entitled or if only one eye has a visual field impairment then the monocular impairment for the second eye is determined to be normal (i.e. “0") *even if there is a loss of visual field in that eye*.

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 8.3 - Loss of Function - Miscellaneous

Only one rating may be given for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established, all criteria designated at that rating level must be met.

Table 8.3 - Loss of Function - Miscellaneous

Visual Disturbance Criteria	Rating
Nystagmus without diplopia	**0**
Cataract with no loss of visual acuity	**0**
Glaucoma (unilateral or bilateral) without loss of visual fields	**2**
Bilateral or Unilateral intraocular lens	**0**
Bilateral aphakia	**5**
Unilateral aphakia	**10**
Diplopia* one direction of sideways gaze	**10**
Diplopia* all directions of upward gaze	**10**
Diplopia* all directions of downward gaze	**15**
Diplopia* both directions of sideways gaze	**15**
Diplopia* all directions of gaze	**25**

*** Diplopia in the above table refers to a diplopia that is not fully correctable with prism.**

Table 8.4 - Other Impairment - Ocular

One rating is selected from Table 8.4 for each entitled condition. If more than one rating is applicable, the ratings are **compared** and the **highest** rating is selected as the **Table 8.4** rating.

Each bullet (•) represents one criterion. In order for a rating to be established, all criteria designated at that rating level must be met.

Table 8.4 - Other Impairment - Ocular

Rating	Criteria
Nil	• Occasional conjunctivitis (less than 6 episodes per year); **or** • Pterygium (non-operated).
Two	• Intermittent conjunctivitis (6 or more episodes per year); **or** • Pterygium, reoccurring or needing operative intervention; **or** • Proptosis (exopthalmos) unilateral or bilateral.
Four	• Constant but mild irritation of eyes resulting in symptoms and signs. (e.g. chronic conjunctivitis or blepharoconjunctivitis, persistent photophobia, epiphora); **or** • Disorder resulting in dry eyes necessitating regular, daily use of eye drops (dry eye syndrome); **or** • Uncorrected ectropion or entropion; **or** • Ptosis or tarsorrhaphy resulting in continuous partial closure of eye.
Nine	• Symptoms and signs of severe eye irritation present all the time.

Steps to Determine Miscellaneous Visual and Ocular Assessment

Step 1: Determine the rating from **Table 8.3** (Loss of Function - Miscellaneous).

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment for miscellaneous conditions of the eye.

Step 6: Determine the rating from **Table 8.4** (Other Impairment - Ocular).

Step 7: Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 6.

Step 8: Determine the Quality of Life rating.

Step 9: Add the ratings at Step 7 and Step 8.

Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment for ocular conditions.

FIGURE 8A - ESTERMAN GRID: LEFT EYE

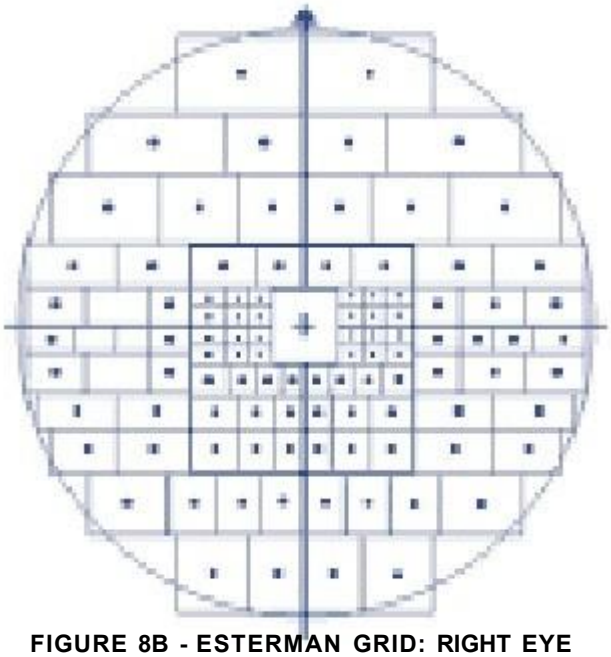
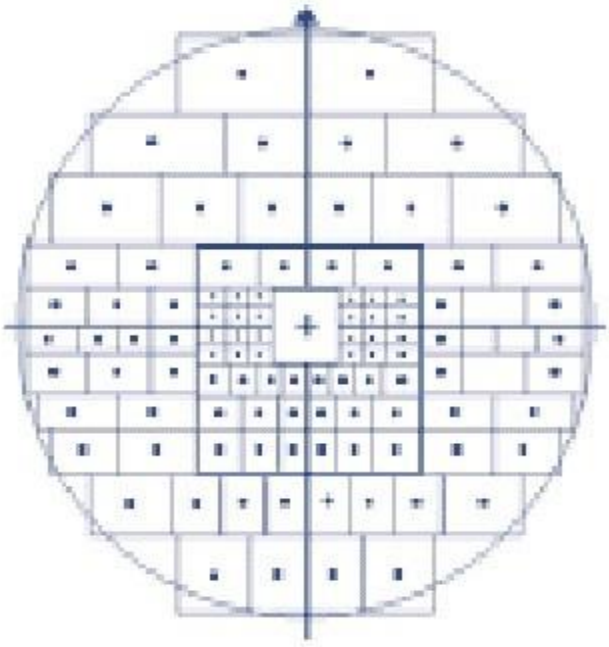


FIGURE 8B - ESTERMAN GRID: RIGHT EYE



Chapter 9
HEARING LOSS and EAR IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the ears (hearing loss, otitis media/otitis externa (otalgia/otorrhea), tinnitus and/or vertigo/disequilibrium).

The table for rating vertigo/disequilibrium from central and peripheral causes is contained within this chapter.

Impairment from malignant ear conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains one “Loss of Function” table and three “Other Impairment” tables which may be used to rate entitled hearing loss and ear conditions.

The tables within this chapter are:

Rating Tables

Table	Loss of Function	Other Impairment
Table 9.1	Loss of Function – Hearing Loss	This table is used to rate impairment from hearing loss.
Table 9.2	Other Impairment – Otitis Media/ Otitis Externa (otalgia/otorrhea) and Eustachian Tube	This table is used to rate impairment from otitis media/otitis externa (otalgia/otorrhea) and Eustachian tube dysfunction.
Table 9.3	Other Impairment - Tinnitus	This table is used to rate impairment from tinnitus.
Table 9.4	Other Impairment – Vertigo/Disequilibrium	This table is used to rate impairment from vertigo/disequilibrium.

Loss of Function - Hearing Loss

Table 9.1 is used to rate impairment from hearing loss.

Hearing loss is generally entitled as a bilateral condition, with hearing in both ears contributing to a functional loss. Only one rating may be selected from this table for bilateral hearing loss. Occasionally, a rating will be required for hearing loss in **one ear** (monaural) only.

There are three types of hearing loss (e.g. conductive, sensorineural or mixed). Total hearing impairment, regardless of the cause, is included in the impairment criteria. Air conduction decibel values are used in the calculation of the decibel sum hearing loss (DSHL). When there is a significant difference between masked and unmasked air conduction values, the **masked values** should be used in assessing the impairment.

For determination of assessment of a hearing loss one must calculate the DSHL. The DSHL is calculated over the following four frequencies: 500 htz, 1000 htz, 2000 htz and 3000 htz. A DSHL is calculated for each entitled ear. The DSHL is obtained by adding the decibel loss in hearing at the four mentioned frequencies in each entitled ear. A non-entitled ear is considered to have a DSHL of 95. The DSHL is used in conjunction with **Table 9.1** to rate the extent of hearing loss.

When entitled hearing loss conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Table 9.2 is used to rate impairment from otitis media, otitis externa (otalgia/otorrhea) and eustachian tube dysfunction. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Tinnitus

Table 9.3 is used to rate impairment from tinnitus. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled tinnitus conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Vertigo/Disequilibrium

Table 9.4 is used to rate impairment from vertigo and disequilibrium conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled vertigo/disequilibrium conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 9.1 - Loss of Function - Hearing Loss

Only one rating may be given from **Table 9.1**.

To use this Table, calculate the decibel sum hearing loss (DSHL) over four frequencies for each ear; 500, 1000, 2000, and 3000 htz. Use the vertical axis to plot the DSHL value for the worse ear, and the horizontal axis to plot the DSHL value for the better ear. The point of intersection is the impairment value. If only one ear is entitled the DSHL in the non-entitled ear is always considered to be 95.

If the rating determined above is “0" but there is a decibel loss of at least 50 decibels at 4000 htz in both ears, then a hearing loss rating of “1" is assigned.

Table 9.1 - Hearing Loss Impairment Table

Worse Ear \ Better Ear	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355
95	0																																																				
100	3	4																																																			
105	4	4	5																																																	
110	4	4	5	5																																															
115	4	4	5	5	6																																														
120	4	4	5	5	6	7																																													
125	4	5	5	6	6	7	7																																											
130	4	5	5	6	6	7	7	8																																										
135	4	5	5	6	6	7	7	8	9																																									
140	4	5	5	6	6	7	8	8	9	9																																								
145	4	5	5	6	7	7	8	8	9	9	10																																							
150	5	5	6	6	7	7	8	8	9	9	10	11																																						
155	5	5	6	6	7	7	8	8	9	10	10	11	11																																					
160	5	5	6	6	7	7	8	9	9	10	10	11	11	15																																				
165	5	5	6	6	7	8	8	9	9	10	10	11	11	15	15																																			
170	5	5	6	7	7	8	8	9	9	10	10	11	15	15	16	16																																		
175	5	6	6	7	7	8	8	9	9	10	11	11	15	15	16	16	17																																	
180	5	6	6	7	7	8	8	9	10	10	11	11	15	15	16	16	17	17																																
185	5	6	6	7	7	8	9	9	10	10	11	11	15	15	16	16	17	18	18																															
190	5	6	6	7	8	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19																														
195	5	6	7	7	8	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19																													
200	6	6	7	7	8	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20																												
205	6	6	7	7	8	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21																											
210	6	6	7	7	8	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21																										
215	6	6	7	8	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22																								
220	6	7	7	8	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19	20	21	21	22	22	23																							
225	6	7	7	8	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23																						
230	6	7	7	8	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21	21	22	22	23	23	24																					
235	6	7	7	8	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21	22	22	23	24	24	25																				
240	6	7	8	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22	23	23	24	24	25	25																			
245	7	7	8	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19	20	21	21	22	22	23	23	24	24	25	25	26																		
250	7	7	8	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27																	
255	7	7	8	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21	21	22	22	23	23	24	25	25	26	26	27	27																
260	7	7	8	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21	22	22	23	24	24	25	25	26	26	27	27	28															
265	7	8	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22	23	23	24	24	25	25	26	26	27	28	28	29														
270	7	8	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19	20	21	21	22	22	23	23	24	24	25	25	26	27	27	28	28	29	29													
275	7	8	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	28	29	29	30												
280	7	8	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21	21	22	22	23	23	24	25	25	26	26	27	27	28	28	29	29	30	31											
285	7	8	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21	22	22	23	24	24	25	25	26	26	27	27	28	28	29	30	30	31	31										
290	8	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22	23	23	24	24	25	25	26	26	27	28	28	29	29	30	30	31	31	32									
295	8	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19	20	21	21	22	22	23	23	24	24	25	25	26	27	27	28	28	29	29	30	30	31	31	32	33								
300	8	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33							
305	8	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21	21	22	22	23	23	24	25	25	26	26	27	27	28	28	29	29	30	31	31	32	32	33	34							
310	8	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21	22	22	23	24	24	25	25	26	26	27	27	28	28	29	30	30	31	31	32	32	33	34	35						
315	8	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22	23	23	24	24	25	25	26	26	27	28	28	29	29	30	30	31	31	32	32	33	34	35	35					
320	8	9	9	10	10	11	15	15	16	16	17	17	18	18	19	19	20	21	21	22	22	23	23	24	24	25	25	26	27	27	28	28	29	29	30	30	31	31	32	33	33	34	34	35	35	3			
325	8	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	28	29	29	30	30	31	32	32	33	33	34	34	35	35	3	36		
330	8	9	10	10	11	11	15	15	16	16	17	17	18	19	19	20	20	21	21	22	22	23	23	24	25	25	26	26	27	27	28	28	29	29	30	31	31	32	32	33	33	34	34	35	35	3	37	37	
335	9	9	10	10	11	11	15	15	16	16	17	18	18	19	19	20	20	21	21	22	22	23	24	24	25	25	26	26	27	27	28	28	29	30	30	31	31	32	32	33	33	34	35	35	36	3	37	37	38
340	9	9	10	10	11	11	15	15	16	17	17	18	18	19	19	20	20	21	21	22	23	23	24	24	25	25	26	26	27	28	28	29	29	30	30	31	31	32	32	33	33	34	35	35	36	3	37	37	38
345	9	9	10	10	11	11	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	35	35	36	3	37	37
350	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	28	29	29	30	30	31	32	32	33	33	34	35	35	36	3	37	38	38	39
355	9	9	10	11	11	15	15	16	16	17	17	18	18	19	20	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	28	29	29	30	31	31	32	32	33	33	34	35	35	36	3	37	38	38	39

To use this Table, calculate the decibel sum hearing loss (DSHL) over four frequencies for each ear; 500, 1000, 2000, and 3000 htz. Use the vertical axis to plot the DSHL value for the worse ear, and the horizontal axis to plot the DSHL value for the better ear. The point of intersection is the impairment value. If only one ear is entitled the DSHL in the non-entitled ear is always considered to be 95.

If the rating determined above is “0" but there is a decibel loss of at least 50 decibels at 4000 htz in both ears, then a hearing loss rating of “1" is assigned.

Table 9.2 - Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Only one rating may be given from **Table 9.2** for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 9.2**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 9.2 - Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Rating	Criteria
Nil	• One episode of otitis media/otitis externa (otalgia/otorrhea) treated successfully with no recurrence; **or** • One episode of eustachian tube dysfunction treated successfully with no recurrence.
Two	• Intermittent symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring periodic treatment; **or** • Interm ittent symptoms of eustachian tube dysfunction requiring periodic treatment.
Five	• Continuous symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring ongoing treatment; **or** • Continuous symptoms of eustachian tube dysfunction requiring ongoing treatment.

Table 9.3 - Other Impairment - Tinnitus

Only one rating may be given from **Table 9.3**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 9.3**, all criteria designated beside each bullet (•) must be met.

Table 9.3 – Other Impairment - Tinnitus

Rating	Criteria
Nil	• Occasional tinnitus, present less than once a week affecting one or both ears.
One	• Occasional tinnitus, present at least once a week affecting one or both ears.
Three	• Intermittent tinnitus, present daily, but not all day long, affecting one or both ears.
Five	• Continuous tinnitus, present all day and all night, affecting one or both ears, but does not require use of a masking device.
Ten	• Continuous tinnitus, present all day and all night, every day, affecting one or both ears, and requires a masking device and/or prescribed medication.

Table 9.4 - Other Impairment - Vertigo/Disequilibrium

Only one rating may be given from **Table 9.4**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 9.4**, all criteria designated beside each bullet (•) must be met.

Table 9.4 – Other Impairment – Vertigo/Disequilibrium

Rating	Criteria
Nil	• Past history of vertigo/disequilibrium, but no current symptoms.
Five	• Intermittent symptoms of vertigo/disequilibrium with or without objective findings such as nystagmus and ataxia, **and** • Activities of daily living are performed without assistance.
Ten	• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and** • Usual activities of daily living are performed without assistance although activities requiring balance and precision, such as bike riding, climbing ladders, etc., cannot be performed.
Thirty	• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; and • Activities of daily living cannot be performed without assistance, but remains able to walk short distances and perform simple self care activities such as eating, washing face and hands, and simple household duties such as dusting, sweeping floor.
Sixty	• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and** • Activities of daily living such as washing face, brushing teeth, combing hair cannot be performed without assistance. Can no longer walk even short distances without assistance.
Eighty-five	• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and** • Activities of daily living must be performed by caregiver; **and** • Member/Veteran/Client is confined to home and premises.

Steps to Determine Hearing Loss and Ear Impairment Assessment

Step 1: Determine total Decibel Sum Hearing Loss (DSHL) for each ear.

Step 2: Determine the rating from **Table 9.1**(Loss of Function - Hearing Loss).

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

This is the Disability Assessment for hearing loss.

Step 5: Determine the rating from **Table 9.2** (Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction).

Step 6: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 6.

Step 7: Determine the Quality of Life rating.

Step 8: Add the ratings at Step 7 and Step 8.

This is the Disability Assessment for otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction.

Note: **If more than one entitled condition requires assessment from Table 9.2, Steps 6 - 10 must be repeated.**

Step 9: Determine the rating from **Table 9.3** (Other Impairment - Tinnitus).

Step 10: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 11.

Step 11: Determine the Quality of Life rating.

Step 12: Add the ratings at Step 12 and Step 13.

This is the Disability Assessment for tinnitus.

Step 13: Determine the rating from **Table 9.4** (Other Impairment - Vertigo/Disequilibrium).

Step 14: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 16.

Step 15: Determine the Quality of Life rating.

Step 16: Add the ratings at Step 17 and Step 18.

This is the Disability Assessment for vertigo/disequilibrium.

Chapter 10
NOSE, THROAT AND SINUS IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the nose, sinuses and trachea.

A rating is **not** given from this chapter for conditions listed below. Each bullet indicates the appropriate chapter to be used:

- Impairment from respiratory conditions is rated within Chapter 12, Cardiorespiratory Impairment.
- Impairment from conditions that affect taste and smell is rated within Chapter 20, Neurological Impairment.
- Impairment from conditions that affect speech is rated within Chapter 20, Neurological Impairment.

Impairment from malignant conditions of the nose, throat and sinuses is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains two “Loss of Function” tables and one “Other Impairment” table.

The tables within this chapter are:

Table 10.1	Loss of Function - Nose	This table is used to rate impairment related to the nose.
Table 10.2	Loss of Function - Sinuses	This table is used to rate impairment related to the sinuses.
Table 10.3	Other Impairment - Trachea	This table is used to rate impairment from a tracheotomy.

Loss of Function - Nose

Table 10.1 is used to rate impairment of the nose, the nasal cavity and the nasopharynx. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one condition is to be rated from **Table 10.1** the conditions are bracketed for assessment purposes.

When entitled nasal conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Sinuses

Table 10.2 is used to rate impairment of the paranasal sinuses which include the frontal, ethmoid, sphenoid, and maxillary sinuses. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled sinus conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Trachea

Table 10.3 is used to rate impairment resulting from a tracheotomy. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled tracheotomy conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Table 10.1 - Loss of Function - Nose

Only one rating may be given from **Table 10.1** below regardless of whether the condition is unilateral or bilateral. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 10.1,** only one criterion must be met at a level of impairment for that rating to be selected.

Table 10.1 - Loss of Function - Nose

Rating	Criteria
Nil	• No clinical manifestations of airway obstruction (e.g. deviated nasal septum, benign nasal polyps); **or** • No clinical manifestations or symptoms of nasal discharge or sneezing; **or** • Intermittent or seasonal symptoms of rhinitis and no medication is required; **or** • Fractured nasal bones with no deformity.
Two	• Intermittent airway (unilateral or bilateral) obstruction (e.g. deviated nasal septum when complicated by acute upper respiratory infection, benign nasal polyps); **or** • Intermittent or seasonal symptoms of rhinitis requiring medication; **or** • Fractured nasal bones with deformity.
Four	• Continuous airway (unilateral or bilateral) obstruction (e.g. deviated nasal septum, benign nasal polyps); **or** • Chronic symptoms of rhinitis requiring medication more than 4 months of the year.
Nine	• Perforated nasal septum.

Table 10.2 - Loss of Function - Sinuses

Only one rating may be given from **Table 10.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 10.2,** all criteria designated beside each bullet(•) must be met.

Table 10.2 - Loss of Function - Sinuses

Rating	Criteria
Nil	• Chronic symptoms of sinusitis* not requiring medication.
Two	• Chronic symptoms of sinusitis* controlled by regular medications.
Four	• Chronic symptoms of sinusitis* which are not fully controlled by regular medication and which occur less than 4 months of the year.
Nine	• Chronic symptoms of sinusitis* which are not fully controlled by regular medication and which occur more than 4 months of the year.

*Symptoms of sinusitis may include:
– sinus pressure and tenderness
– nasal congestion
– pain in sinus area and/or tooth pain
– sinus headache
– post nasal drip.

Table 10.3 - Other Impairment - Trachea

Only one rating may be given from **Table 10.3**.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 10.3,** all criteria designated beside each bullet (•) must be met.

Table 10.3 - Other Impairment - Trachea

Rating	Criteria
One	• A tracheotomy that has been closed.
Thirteen	• Permanent tracheotomy.

Steps to Determine Nose, Throat and Sinus Assessment

Step 1: Determine the rating from **Table 10.1** (Loss of Function - Nose).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment for nasal conditions.

Step 6 : Determine the rating from **Table 10.2** (Loss of Function - Sinuses*).*

Step 7: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 6.

Step 8: Determine the Quality of Life rating.

Step 9: Add the ratings at Step 7 and Step 8.

Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment for sinus conditions.

Step 11: Determine the rating from **Table 10.3** (Other Impairment - Trachea)*.*

Step 12: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 11.

Step 13: Determine the Quality of Life rating.

Step 14: Add the ratings at Step 12 and Step 13.

Step 15: If partial entitlement exists, apply to the rating at Step 14.

This is the Disability Assessment for trachea conditions.

Chapter 11
DENTAL AND ORAL IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled gingiva conditions, loss of teeth, temporomandibular joint dysfunction and loss of function of the mandible and/or maxilla.

Veterans Affairs Canada does not consider **loss of teeth** to be an assessable disability as the wearing of dentures or a prosthesis will restore an individual's ability to masticate. A **nil** assessment will be awarded for all entitled loss of teeth conditions regardless of the cause. **Bruxism** is also assessed at **nil**.

In complex cases where both a temporomandibular joint condition and a condition of the mandible and/or maxilla are entitled, a rating will be determined on individual merits.

No additional rating is taken from Chapter 14, Gastrointestinal Impairment, for entitled temporomandibular joint conditions or mandible and/or maxilla conditions.

No additional rating is taken from Chapter 22, Skin Impairment for disfigurement due to an entitled condition of the mandible and/or maxilla.

Impairment from malignant dental and oral conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains four "Loss of Function" tables and one "Other Impairment" table which may be used to rate entitled dental and oral conditions.

The tables within this chapter are:

Table 11.1	Loss of Function - Gingiva and Loss of Teeth	This table is used to establish a rating of **nil** for impairment from **all** gingiva conditions, bruxism and loss of teeth.
Table 11.2	Loss of Function - Temporomandibular Joint	This table is used to rate impairment from temporomandibular joint function.
Table 11.3	Other Impairment - Temporomandibular Resting Joint Pain	This table is used to rate impairment from resting pain in the temporomandibular joint.
Table 11.4	Loss of Function - Mandible and Maxilla	This table is used to rate impairment from mandible and/or maxilla function.
Table 11.5	Loss of Function - Disfigurement of the Mandible and Maxilla	This table is used to rate impairment from disfigurement of the mandible and/or maxilla.

Loss of Function - Gingiva and Loss of Teeth

Table 11.1 is used to rate impairment of gingiva conditions, bruxism and loss of teeth. These conditions are assessed at **nil**.

When entitled gingiva conditions, bruxism and loss of teeth result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Loss of Function - Temporomandibular Joint

Table 11.2 is used to rate impairment of temporomandibular joint conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled temporomandibular joint conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Temporomandibular Resting Joint Pain

Table 11.3 is used to rate impairment from joint pain that is persistent and unrelenting in the temporomandibular joint(s) when at rest. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected. Any applicable rating from this table must be added to the loss of function rating from **Table 11.2**.

Loss of Function - Mandible and Maxilla

Table 11.4 is used to rate impairment from entitled conditions of the mandible and/or maxilla. Two ratings may be initially selected from **Table 11.4**, one rating applicable to the loss of function of the mandible and one rating applicable to the loss of function of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

When entitled mandible and/or maxilla conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Disfigurement of the Mandible and Maxilla

Table 11.5 is used to rate impairment from disfigurement of the mandible and/or maxilla. Two ratings may be initially selected from **Table 11.5**, one rating applicable to the disfigurement of the mandible and one rating applicable to the disfigurement of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Any applicable rating from this table must be added to the loss of function rating from **Table 11.4**.

Table 11.1 - Loss of Function - Gingiva and Loss of Teeth

A **nil** assessment will be given from **Table 11.1** for all gingiva conditions, bruxism and loss of teeth regardless of whether the teeth can be replaced by prosthetics or not.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 11.1**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 11.1 - Loss of Function - Gingiva and Loss of Teeth

Rating	Criteria
Nil	• Loss of teeth or dental surfaces which **can or cannot** be replaced by prosthetics; **or** • Chronic periodontitis; **or** • Trench mouth (Vincent's angina) or chronic gingivitis; **or** • Bruxism.

Table 11.2 - Loss of Function - Temporomandibular Joint

Only one rating may be given from **Table 11.2** regardless of whether the entitled condition involves one or both joints. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 11.2**, follow the "**ands**" and "**ors**".

Table 11.2 - Loss of Function - Temporomandibular Joint

Rating	Criteria
Nil	• Occasional clicking in one or both temporomandibular joints with yawning, talking and chewing; **and** • Inter-incisal range unrestricted.
Four	• Frequent to constant pain and discomfort in one or both temporomandibular joints on jaw opening relieved with analgesia, heat and cold applications or other therapeutic measures; **or** • Permanent avoidance of some solid foods such as apples or corn may be necessary due to symptoms.
Nine	• Permanent soft diet may be required due to temporomandibular conditions; **or** • Inter-incisal range is reduced to 27 mm or less.
Thirteen	• Requires permanent purée or liquid diet; **or** • Inter-incisal range is reduced to 20 mm or less.

Table 11.3 - Other Impairment - Temporomandibular Resting Joint Pain

Only one rating may be given from **Table 11.3** regardless of whether the entitled condition involves one or both joints.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 11.3**, all criteria designated at that rating level must be met.

Table 11.3 - Other Impairment - Temporomandibular Resting Joint Pain

Rating	Criteria
Nil	• Pain in the temporomandibular joint(s) that is not present at rest.
Two	• Persistent, unrelenting **resting** pain in the temporomandibular joint(s) that is present during the night, every night but does not prevent sleep.
Four	• Persistent, unrelenting **resting** pain in the temporomandibular joint(s) that is present during the night, every night, and disturbs sleep several times every night, but which improves with and responds to medication or other therapeutic measures.
Nine	• Severe, persistent, unrelenting **resting** pain in the temporomandibular joint(s) that is present during the night, every night, and disturbs sleep several times during the night, does not respond adequately to medication or other therapeutic measures. May have sought advice from, or attended, a pain management clinic.
Thirteen	• Severe, persistent, unrelenting **resting** pain in the temporomandibular joint(s) that is present during the night, every night, causes more wakeful periods than rest, and which does not respond adequately to medication or other therapeutic measures. Has attended a pain management clinic and is on extensive pain management regime. Pain, however, remains poorly controlled despite all interventions.

Table 11.4 - Loss of Function - Mandible and Maxilla

Two ratings may be initially given from **Table 11.4**, one rating applicable to the loss of function of the mandible and one rating applicable to the loss of function of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for either the mandible or the maxilla area for **Table 11.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 11.4 - Loss of Function - Mandible and Maxilla

Rating	Criteria
Nil	**Maxilla** • No difficulty with chewing and inter-incisal range unrestricted. **Mandible** • No difficulty with chewing and inter-incisal range unrestricted.
Four	**Maxilla** • Frequent to constant pain relieved by analgesics or other therapeutic measures; **or** • Permanent avoidance of some solid foods such as apples or corn due to symptoms may be necessary. **Mandible** • Frequent to constant pain relieved by analgesics or other therapeutic measures; **or** • Permanent avoidance of some solid foods such as apples or corn due to symptoms may be necessary.
Nine	**Maxilla** • Permanent soft diet required; **or** • Inter-incisal range reduced to 27 mm or less. **Mandible** • Permanent soft diet required; **or** • Inter-incisal range reduced to 27 mm or less.
Thirteen	**Maxilla** • Permanent purée or liquid diet; **or** • Inter-incisal range reduced to 20 mm or less. **Mandible** • Permanent purée or liquid diet; **or** • Inter-incisal range reduced to 20 mm or less.

Table 11.5 - Loss of Function - Disfigurement of the Mandible and Maxilla

Two ratings may be initially given from **Table 11.5**, one rating applicable to disfigurement of the mandible and one rating applicable to disfigurement of the maxilla. The ratings for the two individual areas are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for either the mandible or the maxilla for **Table 11.5**, all criteria designated at that rating level must be met.

Table 11.5 - Loss of Function - Disfigurement of the Mandible and Maxilla

Ratings	Criteria
Nil	**Maxilla** • No disfigurement. **Mandible** • No disfigurement.
Four	**Maxilla** • Mild disfigurement. **Mandible** • Mild disfigurement.
Nine	**Maxilla** • Severe disfigurement. **Mandible** • Severe disfigurement.

Steps to Determine the Dental and Oral Impairment Assessment

Step 1: Determine the rating from **Table 11.1** (Loss of Function - Gingiva Conditions, Bruxism and Loss of Teeth)**.**

The Medical impairment rating for entitled gingiva conditions, bruxism and loss of teeth is always NIL.

This is the Disability Assessment for gingiva conditions, bruxism and loss of teeth.

Step 2: Determine the rating from **Table 11.2** (Loss of Function - Temporomandibular Joint). Only one rating is applicable from **Table 11.2** regardless if the condition is unilateral or bilateral.

Step 3: Does the Partially Contributing Table apply? If **yes**, apply to rating at Step 2.

Step 4: Determine the rating from **Table 11.3** (Other Impairment - Temporomandibular Joint - Resting Joint Pain). Only one rating is applicable from **Table 11.3** regardless if the condition is unilateral or bilateral.

Step 5: Add the ratings at Step 3 and Step 4.

Step 6: Determine the Quality of Life rating.

Step 7: Add the ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, then apply to the rating at Step 7.

This is the Disability Assessment for temporomandibular joint conditions.

Step 9: Determine the rating from **Table 11.4** (Loss of Function - Mandible and Maxilla). Only one rating is applicable from **Table 11.4** regardless if the condition is unilateral or bilateral. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Step 10: Determine the rating from **Table 11.5** (Loss of Function - Disfigurement of Mandible and Maxilla). Only one rating is applicable from **Table 11.4** regardless if the condition is unilateral or bilateral. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Step 11: Add the ratings at Step 9 and Step 10 if applicable.

Step 12: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 11.

Step 13: Determine the Quality of Life rating.

Step 14: Add the ratings at Step 12 and Step 13.

Step 15: If partial entitlement exists, apply to rating at Step 14.

This is the Disability Assessment for mandible and maxilla conditions.

Chapter 12
CARDIORESPIRATORY IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled cardiorespiratory conditions that affect the heart, lungs, and tracheobronchial tree.

Both loss of cardiac function and respiratory function may be manifested by similar clinical symptoms such as shortness of breath and/or decrease in exercise tolerance. Therefore, only one cardiorespiratory impairment assessment will be obtained for any condition or combination of conditions affecting the heart and/or lungs.

There are two exceptions as indicated below:

- A rating for impairment from tuberculosis conditions of the lungs may be applicable from Chapter 24, Tuberculosis Impairment and/or this chapter. The ratings are **compared** and the **highest** selected.

  If pulmonary tuberculosis and another restrictive lung disease are both entitled, the conditions are bracketed for assessment purposes.

  If pulmonary tuberculosis and other cardiorespiratory condition(s) (other than restrictive lung disease) are entitled, pulmonary tuberculosis is assessed separately. In these cases, there would be a tuberculosis impairment rating from Chapter 24, Tuberculosis Impairment and a cardiorespiratory impairment rating from Chapter 12, Cardiorespiratory Impairment.

- Impairment from obstructive sleep apnea is rated from **Table 12.8** and is not rated from other tables within this chapter.

  If obstructive sleep apnea and other cardiorespiratory conditions are entitled, obstructive sleep apnea is rated separately. In these cases, there would be an obstructive sleep apnea impairment rating and a cardiorespiratory impairment rating.

Impairment from hypertension and vascular conditions such as varicose veins, peripheral vascular arterial disease, etc. are rated within Chapter 13, Hypertension and Vascular Impairment.

No rating for entitled cardiac or respiratory conditions is to be taken from tables within Chapter 17, Musculoskeletal Impairment.

Impairment from malignant cardiorespiratory conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables and Charts

This chapter contains three “Loss of Function” tables and five “Other Impairment” tables which may be used to rate entitled cardiorespiratory conditions. Three charts are also included to assist in evaluating information for impairment purposes.

The tables and charts within this chapter are:

Table 12.1	Loss of Function - Exercise tolerance-Symptomatic Activity Level - METs	This table is used to rate impairment where there is effort/exercise intolerance.
Table 12.2	Loss of Function - Physiological Measurements	This table is used to rate impairment where there is pulmonary dysfunction.
Table 12.3	Loss of Function - Cardiac Failure	This table is used to rate impairment where there is cardiac failure.
Table 12.4	Other Impairment - Ischemic Heart Disease	This table is used to rate impairment where ischemic heart disease is present.
Table 12.5	Other Impairment - Valvular Heart Disease	This table is used to rate impairment where valvular heart disease is present.
Table 12.6	Other Impairment - Miscellaneous Cardiorespiratory	This table is used to rate impairment where miscellaneous cardiorespiratory conditions of the heart are present.
Table 12.7	Other Impairment - Lower Respiratory Tract	This table is used to rate impairment where lower respiratory tract disease is present.
Table 12.8	Other Impairment - Obstructive Sleep Apnea	This table is used to rate impairment where obstructive sleep apnea is present
Chart 1	Guide for use of Table 12.1 (Loss of Function - Exercise Tolerance-Symptomatic Activity - METs) and/or Table 12.2 (Loss of Function - Physiological Measurements)	This chart is used to determine when to use Exercise Tolerance (METs) and/or Pulmonary Function to determine the rating of impairment.
Chart 2	Cardiorespiratory Impairment: Activity Levels (with energy expenditure in METs)	This chart is used to determine the energy level that gives rise to cardiorespiratory symptoms.

Chart 3	Differentiation of impairment from Obstructive versus Restrictive Lung Disease	This chart is used to identify the presence of Obstructive and/or Restrictive Lung Disease.

Evaluating Functional Loss

Evaluating impairment of the cardiorespiratory system depends primarily on two evaluation tools - pulmonary function testing and exercise tolerance.

Chart 1 provides a guide as to when exercise tolerance and/or pulmonary function measurements should be used to rate impairment.

Pulmonary function testing is readily available and performed in most standard respiratory laboratories.

Exercise tolerance may be evaluated in a laboratory setting (exercise testing) or may be based on detailed clinical information obtained from the Member/Veteran/Client's history. In the majority of cases, no formal exercise testing is required.

Pulmonary Function

Pulmonary function tests provide one means of measuring respiratory function. These tests evaluate airflow and lung volumes as well as diffusion capacity of carbon monoxide. These values are compared to predicted values.

Blood gas values such as partial pressure of oxygen (PO_2) and oxygen saturation may also be useful in the determination of impairment from some lung conditions. Impairment may sometimes be underestimated on the basis of pulmonary function tests alone, and the evaluation of blood gases provides a further measure of impairment.

A level of impairment can also be determined if continuous oxygen therapy is required. Refer to **Table 12.2**.

The following pulmonary function values will be used to determine the type and/or extent of pulmonary impairment: FVC; FEV1; FEV1/FVC; and Dco (DLco).

FVC (forced vital capacity) is the total volume of air that can be exhaled with maximal force. For VAC purposes, this measurement is used to determine impairment from restrictive lung conditions.

FEV1 (forced expiratory volume in one second) is the volume of air that is exhaled with maximum effort in the first second after a full breath. FEV1 usually accounts for about 75% of FVC. For VAC purposes, this measurement is used to determine impairment from obstructive lung disease.

FEV1/FVC ratio is a comparison between the amount of air exhaled in the first second, compared to the total amount of air exhaled in one breath. For VAC purposes, this measurement is used to differentiate impairment from obstructive versus restrictive lung disease.

Dco (DLco) represents the diffusion capacity of carbon monoxide. This measurement provides information on the efficiency of gas transport across the alveolar-capillary membranes. This is most useful in determining impairment from restrictive lung disease due to parenchymal fibrosis. However, for VAC purposes, this measurement is used to determine impairment from both restrictive and obstructive lung disease.
In some cases, the pulmonary function values are the result of both entitled and non-entitled lung conditions. **Chart 3** indicates the relationship between lung volume and flow rate for restrictive versus obstructive lung disease, and will assist in determining the types of lung disease present. This knowledge is necessary in applying the criteria within **Table 12.2**.

Exercise Tolerance and Use of METs

Exercise tolerance may be used as a measure of impairment for conditions affecting the heart and lungs. The ability to exercise requires energy. Energy production depends on the provision of oxygen to body cells which involves both the heart and the lungs.

The use of METs, or metabolic units, provides a method of evaluating an individual's ability to exercise. One MET unit represents the baseline amount of oxygen used by the body at rest. (More specifically, one MET unit is 3.5 cc of oxygen per kilogram of body weight per second.)

Chart 2 (METs) groups various activities according to the amount of energy expended; that is, activities using 1-2 METs require smaller amounts of energy than those requiring 3-4 METs.

METs values can be obtained from a detailed Member/Veteran/Client medical history that provides information related to physical activity. This information should assist in the evaluation of the "symptomatic activity level" or the type of activity/activities that produce symptoms such as dyspnea, fatigue, dizziness, and/or chest pain. The rating is assigned based on the level at which activities within one MET category **consistently**

give rise to symptoms.

When METs values are used, the activities to be considered should be performed in a sustained manner so that there is more than a short, sporadic expenditure of energy, and thus, a more accurate evaluation of the effects of exercise.

Responses of the type “I cannot do such and such” or “I do not do so and so” are not useful in assessing the symptomatic activity level. What must be established is the level of exercise which consistently results in cardiorespiratory symptoms.

In some cases it may not be possible to use exercise tolerance to evaluate cardiorespiratory conditions. This may occur when disease conditions exist that prevent walking or exercising, when the Member/Veteran/Client is frail, or when the Member/Veteran/Client has cognitive impairments that interfere with history taking.

Some cardiorespiratory conditions cannot be accurately rated using exercise tolerance. These include conditions that do not decrease exercise tolerance, conditions that do not produce symptoms, and some conditions which are intermittent.

Cardiac Failure

The degree of cardiac failure, as determined by investigative findings, provides an additional measure of cardiac function. X-ray and/or echocardiography are used to evaluate the extent of cardiac failure. Echocardiography provides a more exact measurement of left ventricular function (ejection fraction), measuring the amount of blood that can be pumped or ejected by the left ventricle in one heart beat. The normal ejection fraction is greater than 60%. When cardiac failure is present, the ejection fraction is reduced.

Loss of Function - Exercise Tolerance -Symptomatic Activity Level - (METS)

Table 12.1 is used to rate impairment of the cardiorespiratory system based on exercise tolerance. Only one rating may be selected irrespective of the number of cardiac and/or pulmonary diseases present.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Loss of Function - Physiological Measurements

Table 12.2 is used to rate impairment of the cardiorespiratory system based on pulmonary function tests (PFT). Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When evaluating pulmonary function test results, the percentage of predicted **post-bronchodilator** lung values should be used.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Loss of Function - Cardiac Failure

Table 12.3 is used to rate impairment from cardiac failure. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Table 12.3 is of particular importance in assessing a Member/Veteran/Client who is unable to be rated using exercise tolerance because of other significant conditions such as hemiplegia.

When entitled cardiac failure conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Ischemic Heart Disease

Table 12.4 is used to rate impairment from ischemic heart disease. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled ischemic heart conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Valvular Heart Disease

Table 12.5 is used to rate impairment from valvular heart disease. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled valvular heart conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Miscellaneous Cardiac Conditions

Table 12.6 is used to rate impairment from miscellaneous cardiac conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled miscellaneous cardiac conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Lower Respiratory Tract

Table 12.7 is used to rate impairment from lower respiratory tract conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled lower respiratory tract conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Obstructive Sleep Apnea

Table 12.8 is used to rate impairment from obstructive sleep apnea. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled obstructive sleep apnea conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Chart 1 - Guide for Use of Table 12.1- (Loss of Function - Exercise Tolerance - Symptomatic Activity Level - METs) and/or Table 12.2 - (Loss of Function - Physiological Measurements)

Cardiac and respiratory conditions may exist alone or together. ***When they both exist, regardless of whether the conditions are entitled or non-entitled***, it is important to know which criteria should be used for the determination of the extent of cardiorespiratory impairment. The following guidelines apply:

- If cardiac condition(s) exist without respiratory condition(s), cardiorespiratory impairment is measured using METs and **Table 12.1**;

- If respiratory condition(s) exist without cardiac condition(s), the rating is the **average** of that obtained from METs (**Table 12.1**) and Pulmonary Function (**Table 12.2**);

- If both cardiac and respiratory conditions co-exist, the ratings are **compared** and the **highest** is taken from METs (**Table 12.1**) and Pulmonary Function (**Table 12.2**);

- If it is not possible to rate cardiorespiratory impairment using **Table 12.1** or **12.2**, ratings can be established using **Table 12.3** (Cardiac Failure), **Table 12.4** (Ischemic Heart Disease),**Table 12.5** (Valvular Heart Disease), **Table 12.6** (Miscellaneous Cardiorespiratory), **Table 12.7** (Lower Respiratory Tract) or **Table 12.8** (Obstructive Sleep Apnea).

Chart 1 - Guide for Use of Table 12.1(Loss of Function - Exercise Tolerance- Symptomatic Activity Level - METs) and/or 12.2 (Loss of Function - Physiological Measurements)

FI = Functional Impairment.

		Respiratory Disease Present		No Respiratory Disease Present
		Pulmonary function studies available	Pulmonary function studies not available	
Cardiac Disease Present	METs data available	FI = highest rate of METs and pulmonary function studies	FI = METs	FI = METs
	METs data not available	FI = pulmonary function studies	No FI from this Table	No FI from this Table
No Cardiac Disease Present	METs data available	FI = average of METs and pulmonary function studies	FI = METs	
	METs data not available	FI = pulmonary function studies	No FI from this Table	

Chart 2 - Cardiorespiratory Impairment - Activity Levels (With Energy Expenditure in METs)

Chart 2 - Cardiorespiratory Impairment - Activity Levels (With Energy Expenditure in METs)

Symptomatic Activity Level	Energy Expended
1-2 METs	**Energy expended at rest or minimal activity** • Lying down • Sitting and knitting • Using sewing machine (electric) • Sitting down • Sitting and talking on telephone • Travelling in car as passenger • Standing • Sitting and drinking coffee • Playing cards • Strolling (slowly) • Light Sweeping • Clerical work (desk work only)
2 - 3 METs	**Energy expended in performing light household duties** • Light household duties • Washing dishes • Walking slowly (3.5 km/h) • Walking less than 1 block (200m) at normal pace • Climbing less than 1 flight of stairs at normal pace • Playing piano, violin or organ • Typing • Cooking or preparing meals • Playing billiards • Clerical work including filing • Setting table • Driving power boat • Playing golf (with power buggy) • Bench assembly work (seated) • Dressing, showering • Horseback riding at walk • Using self-propelled mower or ride-on mower • Light tidying, dusting • Lawn bowling • Polishing silver • Driving car

Symptomatic Activity Level	Energy Expended
3 - 4 METs	**Energy expended in walking at an average pace** • Walking at average pace (5 km/h) • Walking 1 - 2 blocks (100 - 200 m) at normal pace • Climbing 1 flight of stairs at normal pace • Golf (pulling buggy) • Machine assembly • Cleaning car (excludes vigorous polishing) • Minor car repairs • Tidying house • Shifting chairs • Light gardening (weeding and watering) • Light welding • Cleaning windows, waxing floors • Table tennis • Vacuuming • Cycling (10 km/h) • Making beds • Hanging out washing • Pushing light power mower • Driving heavy truck • Stocking shelves
4 - 5 METs	**Moderate activity: encompasses more strenuous daily activities with the exclusion of manual labour and vigorous exercise** • Walking more than 2 blocks (400 m) at normal pace • Climbing more than 1 flight of stairs at normal pace • Mopping floors • Golf (carrying bag) • Light carpentry (e.g. chiselling, hammering) • Scrubbing floors • Ballroom dancing • Beating carpets • Polishing furniture • Wallpapering • Carrying groceries (10 kg) • Gentle swimming • Tennis doubles (social) • Stocking shelves with light objects • Painting outside of house • Hoeing (soft soil) • Stacking firewood • Carrying trays, dishes

Symptomatic Activity Level	Energy Expended
5 - 6 METs	**Heavy exercise: manual labour or vigorous sports** • Walking slowly but steadily up stairs • Carpentry (e.g. using hand tools) • Pushing a full wheelbarrow (20 kg) • Walking 6.5 km/h (sustained brisk walk discomfort in talking at the same time) • Swimming laps • Digging in garden • Shovelling dirt • Using hand saw • Lifting and carrying (20 kg) • Sexual intercourse without stopping
6 - 7 METs	• Badminton (competitive) • Tennis (singles, non-competitive) • Using a pick and shovel to dig trenches • Water skiing • Loading truck with bricks
7 - 8 METs	**Very heavy exercise or labour** • Carrying heavy objects (30 kg) • Horseback riding (galloping) • Jogging (8 km/h) • Sawing wood with hand tools
8 - 9 METs	• Running (9 km/h) • Chopping hardwood • Squash (non competitive) • Skiing (cross - country) • Calisthenics
10+ METs	**Arduous work** • Carrying loads (10 kg) up a gradient • Cycling quickly (25 km/h) • Running quickly (10 km/h) • Football

The activities listed under each heading are examples. Other activities that have the same METs expenditure can be used for reference if their METs level is recognized in medical or scientific literature.

Chart 3 - Differentiation of Impairment from Obstructive Versus Restrictive Lung Disease

Certain pulmonary function values or combination of values help differentiate between restrictive and obstructive lung disease and the effect that each or both are having on pulmonary function (will assist when applying the PCT).

Chart 3 - Differentiation of Impairment from Obstructive Versus Restrictive Lung Disease

Interpretation	FVC%	FEV1%	FEV1/FVC%
Normal	≥85%	≥85%	≥75%
Airway Obstruction	Normal or Low	Low	Low
Lung Restriction	Low	Normal or Low	Normal or High
Both Obstruction and Restriction	Low	Low	Low

Table 12.1 - Loss of Function - Exercise Tolerance - Symptomatic Activity Level - METs

Only one rating may be given from **Table 12.1**. The rating is determined by using the METs value obtained from **Chart 2.**

Table 12.1 - Loss of Function - Exercise Tolerance. Symptomatic Activity Level - METs

Ratings	Symptomatic Activity Level (METs)
Nil	> 8
Four	7 - 8
Nine	6 - 7
Eighteen	5 - 6
Twenty-six	4 - 5
Thirty-four	3 - 4
Forty-three	2 - 3
Seventy-one	1 - 2

Table 12.2 - Loss of Function - Physiological Measurements

Only one rating may be given from **Table 12.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

The FVC measurement is used to rate impairment from restrictive lung disease.

The FEV1 measurement is used to rate impairment from obstructive lung disease.

Dco (DLco) is used to rate impairment from both restrictive and obstructive lung disease.

Table 12.2 - Loss of Function - Physiological Measurements

Rating	% FVC	% FEV1	Dco DLCO	PO2 O2 Sat*
Nil	>85%	> 85%	>85%	
Nine	80-84%	80-84%	80-84%	
Eighteen	75-79%	70-79%	70-79%	
Twenty-five	70-74%	60-69%	60-69%	
Thirty-five	60-69%	50-59%	50-59%	
Forty-five	50-59%	40-49%	40-49%	
Fifty-five	40-49%	30-39%	30-39%	
Sixty-one	30-39%	20-29%	20-29%	
Seventy-one	<30%	<20%	<20%	PO_2< 55 O_2 Sat < 88% **or** continuous oxygen therapy

**O_2 Saturation Value above is measured at room air and at rest*.

Table 12.3 - Loss of Function - Cardiac Failure

Only one rating may be given from **Table 12.3.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.3**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 12.3 - Loss of Function - Cardiac Failure

Rating	Criteria
Nil	• No clinical signs or symptoms of cardiac failure; **or** • Ejection fraction >60%.
Nine	• Evidence of right ventricular failure; **or** • Ejection fraction of 51-60%.
Eighteen	• Signs and symptoms of mild to moderate left or biventricular failure persisting despite optimal therapy; **or** • Ejection fraction of 40-50%.

Rating	Criteria
Thirty-one	• Persistent, severe clinical signs and symptoms of left or biventricular heart failure despite optimal therapy; **or** • Ejection fraction < 40%.

Table 12.4 - Other Impairment - Ischemic Heart Disease

Only one rating may be given from **Table 12.4**. If more than one rating is applicable, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 12.4 - Other Impairment - Ischemic Heart Disease

Rating	Criteria
Nil	• No evidence of symptoms (e.g.dyspnea, fatigue, chest pain, dizziness, syncope); **or** • Non specific electrocardiogram changes.
Nine	• Coronary artery disease, with a history of myocardial infarction; no evidence of cardiac failure and infrequent or no angina; **or** • Coronary artery disease, with successful coronary artery surgery; infrequent or no angina; **or** • Coronary artery disease as demonstrated on angiogram.
Eighteen	• Coronary artery disease with ongoing angina**.**
Thirty-four	• Coronary artery disease characterized by a history of myocardial infarction followed by frequent angina and/or further myocardial infarctions; **or** • Coronary artery disease, with coronary artery surgery, followed by frequent angina and/or further myocardial infarctions.
Seventy-one	• Coronary artery disease with angina at rest the majority of the time (day and night) despite optimal therapy.

Table 12.5 - Other Impairment - Valvular Heart Disease

Only one rating may be given from **Table 12.5**. If more than one rating is applicable, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.5**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 12.5 - Other Impairment - Valvular Heart Disease

Rating	Criteria
Nil	• Mitral valve prolapse with minimal or no symptoms; **or** • Aortic sclerosis with minimal or no symptoms.
Two	• Valvular heart disease (other than mitral valve prolapse or aortic sclerosis) with no symptoms; **or** • Valvular heart disease with use of intermittent antibiotic therapy for surgical/dental procedures.
Four	• Valvular heart disease with valve replacement surgery, with no subsequent symptoms and no requirement for anticoagulant drug therapy.
Nine	• Valvular heart disease with valve replacement, with no subsequent symptoms, but requirement for ongoing anticoagulant drug therapy.

Table 12.6 - Other Impairment - Miscellaneous Cardiac Conditions

Only one rating may be given from **Table 12.6**. If more than one rating is applicable, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.6**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 12.6 - Other Impairment - Miscellaneous Cardiac Conditions

Rating	Criteria
Nil	• Flow murmurs.
Two	• Chronic asymptomatic arrhythmia, e.g. atrial fibrillation, atrial or ventricular ectopic beats.
Four	• Cardiac arrhythmia controlled by optimal therapy.
Nine	• Cardiac arrhythmia with intermittent symptoms despite optimal therapy; **or** • Cardiac arrhythmia requiring ongoing anticoagulant therapy.
Eighteen	• Cardiac arrhythmia with ongoing symptoms despite optimal therapy.

Table 12.7 - Other Impairment - Lower Respiratory Tract

Only one rating may be given from **Table 12.7**. If more than one rating is applicable, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.7**, follow the "**ands**" and "**ors**".

Table 12.7 - Other Impairment - Lower Respiratory Tract

Rating	Criteria
Nil	• Asymptomatic pleural plaques.
One	• Recurrent lower respiratory infections (at least 6 or more per year); **or** • Intermittent use of inhaled bronchodilator medication
Two	• Daily use of one inhaled medication (glucocorticosteroid, bronchodilator, nonsteroidal anti-inflammatory agent) **or** daily use of an oral leukotriene receptor antagonist or bronchodilator; **or** • Chronic cough, with production of sputum in the morning only.
Four	• Daily use of inhaled glucocorticosteroid **and/or** nonsteroidal inhaled anti-inflammatory agent **and/or** oral leukotriene receptor antagonist **and** intermittent use of inhaled bronchodilator. Inhaled anticholinergic medication may also be used.
Nine	• Daily use of inhaled glucocorticosteroid **and/or** nonsteroidal inhaled anti-inflammatory agent **and/or** oral leukotriene receptor antagonist **and** inhaled bronchodilator. Inhaled anticholinergic medication may also be used; **and** • Intermittent use of systemic glucocorticosteroids once a year or less **or** daily use of an oral bronchodilator; **or** • Chronic cough productive of sputum throughout the day.
Thirteen	• Daily use of inhaled glucocorticosteroid **and/or** nonsteroidal inhaled anti-inflammatory agent **and/or** oral leukotriene receptor antagonist and inhaled bronchodilator. Inhaled anticholinergic medication may also be used; **and** • Intermittent use of systemic glucocorticosteroids **more** than once a year.
Eighteen	• Permanent systemic glucocorticosteroid use.

Table 12.8 - Other Impairment - Obstructive Sleep Apnea

Only one rating may be selected from **Table 12.8**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 12.8**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 12.8 - Other Impairment - Obstructive Sleep Apnea

Rating	Criteria
Nil	• Documented obstructive sleep apnea but asymptomatic.
One	• Nightly use of dental appliance.
Four	• Minimal clinical symptoms (daytime fatigue/sleepiness, irritability) with minimal interference despite optimal therapy; **or** • Nightly use of CPAP (Continuous Positive Airway Pressure) machine.
Nine	• Moderate daytime somnolence/fatigue; falls asleep several times a day with regular interference in some daytime activities despite treatment.
Thirteen	• Excessive daytime somnolence; memory lapses and difficulty with concentration; interference with the majority to all daytime activities despite treatment.

Steps to Determine the Cardiorespiratory Impairment Assessment

If non-entitled conditions are contributing to the impairment then the Partially Contributing Table (PCT) must be applied to the applicable Table rating(s).

Refer to **Chart 1** (Guide for use of **Table 12.1** and/or **Table 12.2**) to select the appropriate Tables for evaluating cardiorespiratory impairment - **Table 12.1** (Loss of Function - Exercise Tolerance**-**Symptomatic Activity Level - METS) and/or **Table 12.2** (Loss of Function - Physiological Measurements).

***Step 1*:** Determine the METs level that consistently produces cardiorespiratory symptoms using **Chart 2** (Cardiorespiratory Impairment: Activity Levels) and apply **Table 12.1** (Loss of Function - Exercise Tolerance-Symptomatic Activity Level - METs) to arrive at a rating for Exercise Tolerance.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine rating based on Pulmonary Function using **Table 12.2** (Loss of Function - Physiological Measurements), if applicable.

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: Determine Cardiorespiratory rating using **Table 12.1** (Loss of Function - Exercise Tolerance-Symptomatic Activity Level - METs) rating and/or **Table 12.2** (Loss of Function - Physiological Measurements) rating in accordance with **Chart 1** (Guide for use of **Table 12.1** and/or **Table 12.2**)**.**

Step 6: Determine rating from **Table 12.3** (Loss of Function - Cardiac Failure) if applicable.

Step 7: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 6.

Step 8: **Compare** ratings from Step 5 and Step 7. Select the **highest** rating.

Step 9: Determine a rating from “Other Impairment” **Tables 12.4 - 12.7**, if applicable. If more than one rating is obtained from these tables, the ratings are **added**.

Step 10: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 9.

Step 11: **Compare** the “Loss of Function” rating from Step 7 with the “Other Impairment” rating obtained in Step 10. Select the **highest** rating.

Step 12: Determine the Quality of Life rating.

Step 13: Add ratings at Step 11 and Step 12.

Step 14*:* If partial entitlement exists, apply to rating at Step 13.

This is the Disability Assessment for cardiorespiratory conditions.

Obstructive Sleep Apnea

Step 15*:* Determine a rating from **Table 12.8** (Other Impairment - Obstructive Sleep Apnea).

Step 16*:* Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 15.

Step 17: Determine the Quality of Life rating.

Step 18: Add the ratings at Step 16 and Step 17.

Step 19*:* If partial entitlement exists, apply to rating at Step 18.

This is the Disability Assessment for obstructive sleep apnea.

Chapter 13
HYPERTENSION AND VASCULAR IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled hypertension and non-cardiac vascular conditions.

Non-cardiac vascular conditions include peripheral vascular arterial disease, varicose veins, deep vein thrombosis, aneurysm and intra-vascular conditions, Raynaud's disease/phenomenon, and conditions associated with cold exposure such as frostbite.

Thoracic outlet syndrome causing vascular impairment only is rated on individual merits.

No additional rating will be given from Chapter 22, Skin impairment as a result of skin manifestations due to conditions rated within this chapter.

Rating Tables

This chapter contains six "Other Impairment" tables which may be used to rate entitled hypertension and/or non-cardiac vascular conditions.

The tables within this chapter are:

Table 13.1	Other Impairment - Hypertension	This table is used to rate impairment from hypertension.
Table 13.2	Other Impairment - Peripheral Vascular Arterial Disease	This table is used to rate impairment from peripheral vascular arterial disease.
Table 13.3	Other Impairment - Varicose Veins	This table is used to rate impairment from varicose veins.
Table 13.4	Other Impairment - Deep Vein Thrombosis	This table is used to rate impairment from deep vein thrombosis.
Table 13.5	Other Impairment - Aneurysm and Intra-Vascular Conditions	This table is used to rate impairment from aneurysms and intra-vascular conditions of the larger arteries.
Table 13.6	Other Impairment - Raynaud's Disease/Phenomenon	This table is used to rate impairment from Raynaud's disease/phenomenon.

Table 13.7	Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries	This table is used to rate impairment from conditions associated with cold exposure.

Other Impairment - Hypertension

Table 13.1 is used to rate impairment from hypertension. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Sustained, uncontrolled elevation of blood pressure over a period of time may result in impairment of other organ systems. The rating for hypertension does not include impairment due to end/target organ damage with the exception of hypertrophy of the left ventricle.

When entitled hypertension conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Peripheral Vascular Arterial Disease

Table 13.2 is used to rate impairment from entitled peripheral vascular arterial disease. Only one rating may be selected for the lower limbs as one functional unit.

When entitled peripheral vascular arterial disease conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in Chapter 17, Musculoskeletal Impairment. This rating is given in addition to the **Table 13.2** rating.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Varicose Veins

Table 13.3 is used to rate impairment from entitled varicose vein conditions of the lower limbs. Only one rating may be selected for each entitled lower limb.

When entitled varicose vein conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in Chapter 17, Musculoskeletal Impairment. The ratings are **compared** and the **highest** selected.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Deep Vein Thrombosis

Table 13.4 is used to rate impairment from entitled deep vein thrombosis. Only one rating may be selected for each entitled limb. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled deep vein thrombosis conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Aneurysms and Intra-vascular Conditions

Table 13.5 is used to rate impairment from specific conditions that affect larger blood vessels. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled aneurysms and intra-vascular conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Raynaud's Disease/phenomenon

Table 13.6 is used to rate impairment from Raynaud's disease/phenomenon. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

For the purposes of **Table 13.6**, characteristic attacks of Raynaud's disease/phenomenon consist of sequential colour changes of the digits. One or more of the extremities may be involved. The attacks may be precipitated by exposure to cold or emotional upset and may last minutes to hours, sometimes with pain and parasthesias.

When entitled Raynaud's Disease/phenomenon results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries

Table 13.7 is used to rate impairment from frostbite, immersion foot, and other cold injuries. Only one rating may be selected for each affected area. If more than one rating is applicable for an affected area, the ratings are **compared** and the **highest** selected.

When entitled frostbite, immersion foot and other cold injuries result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in Chapter 17, Musculoskeletal Impairment. The ratings are **compared** and the **highest** selected.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 13.1 - Other Impairment - Hypertension

Only one rating may be given from **Table 13.1**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.1**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.1 - Other Impairment - Hypertension

Rating	Criteria
Four	• Hypertension requiring regular medication with diastolic pressure 99 mm Hg or less; **or** • Hypertension requiring regular medication with systolic pressure 159 mm Hg or less.
Nine	• Hypertension with a diastolic pressure consistently at 100 mm Hg or higher, but less than 110 mm Hg, despite regular medication; **or** • Hypertension with a systolic pressure consistently at 160 mm Hg or higher, but less than 180 mm Hg, despite regular medication.
Thirteen	• Hypertension with a diastolic pressure consistently at 110 mm Hg or higher despite regular medication; **or** • Hypertension with a systolic pressure consistently at 180 mm Hg or higher despite regular medication.

Steps to Determine the Hypertension Impairment Assessment

Step 1: Determine the rating from **Table 13.1** (Other Impairment - Hypertension).

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to Step 1 rating.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 13.2 - Other Impairment - Peripheral Vascular Arterial Disease

Only one rating may be given from **Table 13.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected. The lower limbs are considered as one functional unit for the purposes of this table.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.2**, all criteria designated at that rating level must be met.

Table 13.2 - Other Impairment - Peripheral Vascular Arterial Disease

Rating	Criteria
Nil	• No intermittent claudication or rest pain or nocturnal pain.
Ten	• Intermittent claudication after walking more than 200 meters at normal pace.
Twenty	• Intermittent claudication after walking less than 200 meters but greater than 25 meters at normal pace.
Thirty	• Intermittent claudication after walking less than 25 meters at normal pace or pain at rest or nocturnal pain.
Thirty-five	• Ulceration secondary to peripheral vascular arterial disease involving **one** lower limb.
Forty-five	• Ulceration secondary to peripheral vascular arterial disease involving **both** lower limbs.

Peripheral vascular arterial disease of the upper extremities is rare and will be rated on individual merits.

Table 13.3 - Other Impairment - Varicose Veins

Only one rating may be given from **Table 13.3** for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are **compared** and the **highest** selected.

If ratings are possible from **Table 13.3** and **Table 13.4**, the ratings are **compared** and the **highest** rating is selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.3**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.3 - Other Impairment - Varicose Veins

Rating	Criteria
Two	• Varicose veins that are disfiguring but without edema or skin changes*; **or** • Daily discomfort.
Six	• Varicose veins with edema or skin changes* without ulceration.
Nine	• Varicose veins with edema and skin changes* with healed ulceration or ulcer of less than 6 months duration.
Thirteen	• Varicose veins with edema and skin changes* with active ulceration of greater than 6 months duration.

***Skin changes may include dryness, scaling, bronzing or atrophy.**

Table 13.4 - Other Impairment - Deep Vein Thrombosis

Only one rating may be given from **Table 13.4** for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are **compared** and the **highest** selected.

If ratings are possible from **Table 13.3** and **Table 13.4**, the ratings are **compared** and the **highest** selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.4 Other Impairment - Deep Venous Thrombosis (D.V.T.)

Rating	Criteria
Nil	• One episode of D.V.T. with no sequelae.
Nine	• D.V.T. requiring greater than 1 year thromboprophylaxis; **or** • Post-thrombotic leg syndrome with edema and pain.
Thirteen	• Post-thrombotic leg syndrome with edema, pain and ulceration; **or** • Recurrent D.V.T. or pulmonary embolus secondary to D.V.T. while on thromboprophylaxis.

Deep vein thrombosis of the upper extremities is rare and will be assessed on individual merits.

Table 13.5 - Other Impairment - Aneurysms and Intra-Vascular Conditions

Only one rating may be given for each entitled condition from **Table 13.5.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.5**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.5 - Other Impairment - Aneurysms and Intra-Vascular Conditions

Rating	Criteria
Nil	• Embolus successfully treated with no sequelae.
Two	• Cerebral aneurysm, asymptomatic; **or** • Aortic aneurysm of diameter less than 6 cm**; or** • Aortic aneurysm surgically corrected; **or** • Iliac or femoral or carotid aneurysms.
Nine	• Embolus requiring continuous thromboprophylaxis medication; **or** • Iliac or femoral or carotid conditions requiring continuous thromboprophylaxis medication.
Thirteen	• Aortic aneurysm of 6 cm or more which is inoperable*.

***Inoperable** refers to the situation where surgery cannot be performed due to general poor health.

Table 13.6 - Other Impairment - Raynaud's Disease/Phenomenon

Only one rating may be given from **Table 13.6**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.6**, all criteria designated at that rating level must be met.

Table 13.6 - Other Impairment - Raynaud's Disease/Phenomenon

Rating	Criteria
One	• Characteristic* attacks occurring less than once per week.
Four	• Characteristic* attacks occurring one to three times per week.
Nine	• Characteristic* attacks occurring four to six times per week.
Thirteen	• Characteristic* attacks occurring at least daily.
Twenty-one	• Characteristic* attacks and the presence of digital ulcers with or without fat pad necrosis and erosions.

***Characteristic attacks,** for the purpose of this table, consist of sequential colour changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and parasthesias, and precipitated by exposure to cold or by emotional upset.

Table 13.7 - Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries

Only one rating may be given from **Table 13.7** for an affected area. **A separate rating may be given for the head and each limb**. If more than one rating is applicable for an affected area, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 13.7**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.7 - Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries

Rating	Criteria
Two	• Mild hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.
Four	• Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.
Nine	• Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation **with** permanent skin or nail changes; **or** • Severe hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.

Frostbite of areas, other than the head and extremities, is rare and will be assessed on individual merits.

Steps to Determine the Vascular Impairment Assessment

Peripheral Vascular Arterial Disease

Step 1: Determine the rating from **Table 13.2** (Other Impairment - Peripheral Vascular Arterial Disease)**.**

Note: The lower limbs are considered as one functional unit for rating purposes within **Table 13.2**.

Step 2: If an amputation results from peripheral vascular arterial disease an additional rating is taken from the amputation table within the Musculoskeletal Impairment chapter. Ratings from **Table 13.2** and the amputation rating are **added.**

Step 3: Does the Partially Contributing Table apply? If **yes**, then apply to the rating at Step 2.

Step 4: Determine the Quality of Life rating.

Step 5: Add the ratings at Step 3 and Step 4.

Step 6*:* If partial entitlement exists, apply to the Step 5 rating.

This is the Disability Assessment for peripheral vascular arterial disease.

Varicose Vein Assessment

Step 7: Determine the rating(s) from **Table 13.3** (Other Impairment - Varicose Veins).

Step 8: Does the Partially Contributing Table apply, If **yes**, then apply to the rating(s) at Step 7.

Step 9: Determine the Quality of Life rating for each lower limb (if applicable).

Step 10: Add rating(s) at Step 8 and Step 9 for each leg.

Step 11: If partial entitlement exists, apply to Step 10 rating(s).

Note: If amputation as a result of varicose veins right leg and varicose veins left leg is to be assessed, a rating is taken from the amputation table within Chapter 17, Musculoskeletal Impairment. Ratings from the amputation table and the Step 11 rating are **compared** and the **highest** selected.

This is the Disability Assessment for varicose veins.

Deep Vein Thrombosis

Step 12: Determine rating(s) from Table 13.4 (Other Impairment - Deep Vein Thrombosis).

Step 13: Does the Partially Contributing Table apply? If **yes,** then apply to the rating(s) at Step 12.

Step 14: Determine the Quality of Life rating for each lower limb (if applicable).

Step 15: Add ratings at Step 13 and Step 14.

Step 16: If partial entitlement exists, apply to the Step 15 rating(s).

This is the Disability Assessment for deep vein thrombosis right leg and deep vein thrombosis left leg.

Varicose Veins and Deep Vein Thrombosis

Step 17: If ratings are applicable from both **Table 13.3 and 13.4**, ratings from Step 11 and Step 16 are **compared** and the **highest** rating selected with one rating for each entitled lower limb.

This is the Disability Assessment for varicose veins and deep vein thrombosis.

Aneurysms and Intra-Vascular Conditions

Step 18: Determine the rating from ***Table 13.5*** (Other Impairment - Aneurysms and Intra - Vascular Conditions).

Step 19: Does the Partially Contributing Table apply? If **yes,** then apply to the rating(s) at Step 18.

Step 20: Determine the Quality of Life rating.

Step 21: Add ratings at Step 19 and Step 20.

Step 22: If partial entitlement exists, apply to the Step 21 rating.

This is the Disability Assessment for Aneurysms and intra- vascular conditions.

Raynaud's Disease/Phenomenon Assessment

Step 23: Determine the rating from **Table 13.6** (Other Impairment - Raynaud's Disease/Phenomenon)**.**

Step 24: Does the Partially Contributing Table (PCT) apply? If **yes**, apply to Step 23 rating(s).

Step 25: Determine the Quality of Life rating.

Step 26: Add the ratings at Step 24 and Step 25.

Step 27: If partial entitlement exists, apply to the Step 26 rating.

This is the Disability Assessment for Raynaud's Disease/Phenomenon conditions.

Frostbite, Immersion Foot and Other Cold Injuries

Step 28: Determine rating(s) from **Table 13.7** (Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries).

Note: One rating may be given for each entitled, affected area.

Note: If amputation results from frostbite, immersion foot or other cold injuries, a rating is also selected from the applicable amputation table within Chapter 17, Musculoskeletal Impairment. The applicable rating from the amputation table and the rating at Step 28 are **compared** and the **highest** selected.

Step 29: Does the Partially Contributing Table apply? If **yes**, apply to each applicable rating in Step 28 above.

Step 30: Determine the Quality of Life rating for each applicable entitled area.

Step 31: Add applicable ratings at Step 29 and Step 30.

Step 32: If partial entitlement exists, apply to each applicable rating at Step 31 above.

This is the Disability Assessment for frostbite, immersion foot or other cold injuries.

Chapter 14
GASTROINTESTINAL IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the gastrointestinal tract and the accessory organs of digestion (liver, gallbladder and pancreas). This chapter is also used to rate abdominal wall hernias, inguinal hernias, pilonidal sinus disease and obesity.

A rating is not given from this chapter for the conditions listed below. Each bullet indicates the appropriate chapter to be used.

- Impairment from dysphagia due to a neurological condition is rated within Chapter 20, Neurological Impairment.

- Impairment from diabetes mellitus is rated within Chapter 15, Endocrine and Metabolic Impairment.

No additional rating will be given from Chapter 22, Skin Impairment as a result of skin manifestations due to ostomies.

Impairment from malignant gastrointestinal conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables and Charts

This chapter contains eight “Other Impairment” tables which may be used to rate entitled gastrointestinal conditions. Two reference charts are also included within this chapter. The first notes ideal weights by sex, height, and body build. The second is a body mass index chart.

The tables within this chapter give specific impairment ratings based largely on the presence of symptoms; however, most tables also contain applicable functional loss criteria (e.g. weight loss).

The tables and charts within this chapter are:

Table 14.1	Other Impairment - Oral Cavity and Salivary Glands	This table is used to rate impairment of the oral cavity and salivary glands.
Table 14.2	Other Impairment - Esophagus	This table is used to rate impairment of the esophagus.
Table 14.3	Other Impairment - Stomach and Duodenum	This table is used to rate impairment of the stomach and duodenum.
Table 14.4	Other Impairment - Gastric Surgery	This table is used to rate impairment from past gastric surgery.
Table 14.5	Other Impairment - Small Bowel, Large Bowel, Rectum and Anus	This table is used to rate impairment of the small bowel, large bowel, rectum and anus.
Table 14.6	Other Impairment - Liver and Gallbladder	This table is used to rate impairment of the liver and gallbladder.
Table 14.7	Other Impairment - Pancreas	This table is used to rate impairment of the pancreas.
Table 14.8	Other Impairment - Miscellaneous Gastrointestinal	This table is used to rate impairment from miscellaneous gastrointestinal conditions.
Chart 1	Chart 1 - Weights by Sex, Height, and Body Build	This chart provides ideal weights by sex, height and body build.
Chart 2	Chart 2 - Body Mass Index (BMI) Chart	This is a body mass index chart.

Weight Loss

Weight loss is an important indicator of gastrointestinal disease severity. Weight loss criteria is contained within each applicable table.

Any weight loss must be caused by the entitled condition. For VAC purposes "**a loss of weight**" is defined as a significant involuntary weight reduction with the inability to regain weight, despite optimal therapy.

To determine impairment resulting from gastrointestinal conditions, the pre-morbid weight (weight before the beginning or worsening of the entitled gastrointestinal condition) is measured against any deviation or weight loss.

The following are steps to determine weight loss:

Step 1: **Determine pre-morbid weight**

Pre-morbid weight may be determined from medical history or previous health records.

Where pre-morbid weight is absent, to approximate pre-morbid weight, refer to either:

Chart 1 - Weights by Sex, Height, and Body Build, **or**
Chart 2 - the Body Mass Index (BMI) Chart and related Instructions.

Step 2: Determine the weight at the time of the assessment.

Step 3: Determine the weight loss by subtracting the assessment weight (Step 2) from the pre-morbid weight (Step 1) and express in terms of a percentage.

Where the weight in ***Step Two is equal to or greater than*** the pre-morbid weight, no rating based on involuntary weight loss can be given.

Where the weight in ***Step Two is less than the pre-morbid weight,*** express the difference as a percentage of the pre-morbid weight.

$$\frac{\textbf{weight loss (pre-morbid weight - assessment weight)}}{\textbf{pre-morbid weight}} \textbf{ X 100\% = \%}$$

Step 4: Apply the weight loss percentages to the applicable table.

Other Impairment - Oral Cavity and Salivary Glands

Table 14.1 is used to rate impairment of the oral cavity and salivary glands. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled oral cavity and salivary gland conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Esophagus

Table 14.2 is used to rate impairment of the esophagus. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one condition of the esophagus is to be rated from **Table 14.2**, the conditions are bracketed for assessment purposes.

When entitled conditions of the esophagus result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Stomach and Duodenum

Table 14.3 is used to rate impairment of the stomach and duodenum. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one condition of the stomach and duodenum is to be rated from **Table 14.3**, the conditions are bracketed for assessment purposes.

If a Member/Veteran/Client has had gastric surgery, a rating(s) may be applicable from **Table 14.4** and/or **Table 14.5**. Any applicable rating(s) from **Table 14.4** and/or **Table 14.5** must be added to the rating from this table.

When entitled stomach and duodenum conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Gastric Surgery

Table 14.4 is used to rate impairment from past gastric surgery. Only one rating may be selected for each condition. If more than one rating is applicable for a condition, the ratings are **compared** and the **highest** selected.

Note: Postvagotomy syndrome is rated within **Table 14.5** - Other Impairment - Small Bowel, Large Bowel, Rectum and Anus.

Any applicable rating(s) from this table or **Table 14.5** must be added to the impairment rating(s) from **Table 14.3.**

When entitled gastric conditions which require surgery result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Small Bowel, Large Bowel, Rectum and Anus

Table 14.5 is used to rate impairment for each entitled condition of the small bowel, large bowel, rectum and anus. Only one rating may be selected for an entitled condition. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

For VAC purposes, bowel disorders include irritable bowel syndrome, diverticulosis, diverticulitis, chronic constipation, chronic diarrhea and postvagotomy syndrome.

Inflammatory bowel disease (IBD) ratings obtained from **Table 14.5** include all intestinal manifestations of IBD as well as aphthous stomatitis, anemia and constitutional signs and symptoms such as nausea, fever and fatigue.

When entitled small bowel, large bowel, rectum and anus conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Liver and Gallbladder

Table 14.6 is used to rate impairment of the liver and gallbladder. Two ratings may be selected from **Table 14.6**, one rating for liver disease and one rating for gallbladder disease. If more than one rating is applicable for the liver, the ratings are **compared** and the **highest** selected. If more than one rating is applicable for the gallbladder, the ratings are **compared** and the **highest** selected.

If more than one condition of the liver is to be rated, the conditions are bracketed for assessment purposes.

If more than one condition of the gallbladder is to be rated, the conditions are bracketed for assessment purposes.

When entitled liver or gallbladder disease results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Pancreas

Table 14.7 is used to rate impairment of the pancreas. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one condition of the pancreas is to be rated from **Table 14.7**, the conditions are bracketed for assessment purposes.

When entitled conditions of the pancreas result in diabetes mellitus, a consequential entitlement decision is required. If awarded, the resulting impairment is rated within Chapter 15, Endocrine and Metabolic Impairment.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Miscellaneous Gastrointestinal

Table 14.8 is used to rate impairment of miscellaneous gastrointestinal conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

For VAC purposes morbid obesity is defined as a body mass index (BMI) greater than or equal to 40. Morbid obesity is rated within this table **only** when it is an entitled condition.

When entitled miscellaneous gastrointestinal conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 14.1 - Other Impairment - Oral Cavity and Salivary Glands

Only one rating may be given for each entitled condition from **Table 14.1**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.1**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.1 - Other Impairment - Oral Cavity and Salivary Glands

Rating	Criteria
Nil	**Conditions of the oral cavity and salivary glands:** • Salivary gland swelling; **or** • Xerostomia not requiring treatment; **or** • Single episode of acute sialodenitis; **or** • Single episode of salivary calculi; **or** • Halitosis; **or** **Ingestion:** • Oral conditions that do not interfere with chewing or swallowing; **or** **Maintenance of Nutrition:** • No involuntary weight loss.
Two	**Conditions of the oral cavity and salivary glands:** • Xerostomia requiring regular treatment; **or** **Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.

Rating	Criteria
Four	**Conditions of the oral cavity and salivary glands:** • Recurrent salivary calculi; **or** • Recurrent episodes of sialadenitis; **or** **Ingestion:** • Mild to moderate difficulty in chewing or swallowing.
Nine	**Maintenance of Nutrition:** • Permanent soft or semi-solid diet required.
Thirteen	**Ingestion:** • Significant difficulty in chewing; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Permanent pureed or liquid diet required; **or** • Esophagostomy or gastrostomy.
Eighteen	**Maintenance of Nutrition:** • Jejunostomy.
Twenty-six	**Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%.
Thirty-four	**Maintenance of Nutrition:** • Involuntary weight loss of 20 - 25%.
Forty-three	**Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.
Sixty-one	**Maintenance of Nutrition:** • Involuntary weight loss greater than 30%.

Steps to Determine Gastrointestinal Oral Cavity and Salivary Glands Assessment

Step 1: Determine the rating from **Table 14.1** (Other Impairment - Oral Cavity and Salivary Glands).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Note: If a condition of the oral cavity and the salivary glands both require a rating, the steps are repeated.

Table 14.2 - Other Impairment - Esophagus

Only one rating may be given from **Table 14.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.2**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.2 - Other Impairment - Esophagus

Rating	Criteria
Nil	**Conditions of the esophagus:** • Hiatus hernia; **or** **Ingestion:** • Esophageal conditions that do not interfere with swallowing; **or** **Maintenance of Nutrition:** • No involuntary weight loss.
Two	**Conditions of the esophagus:** • Gastroesophageal reflux disease with mild symptoms requiring intermittent treatment; **or** **Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.
Four	**Conditions of the esophagus:** • Gastroesophageal reflux disease requiring regular treatment; **or** **Ingestion:** • Mild to moderate dysphagia; **or** • Dysphagia requiring dilatation once per year.
Nine	**Maintenance of Nutrition:** • Permanent soft diet required.
Thirteen	**Conditions of the esophagus:** • Gastroesophageal reflux disease with erosions/ulcerations of the distal esophagus; **or** **Ingestion:** • Significant dysphagia; **or** • Dysphagia requiring dilatation two or three times per year; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Permanent pureed or liquid diet required; **or** • Esophagostomy or gastrostomy.

Rating	Criteria
Eighteen	**Conditions of the esophagus:** • Gastroesophageal reflux disease complicated by Barrett's esophagus; **or** • Esophagectomy; **or** **Maintenance of Nutrition:** • Jejunostomy.
Twenty-six	**Ingestion:** • Dysphagia requiring dilatation four or five times per year; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%.
Thirty-four	**Ingestion:** • Dysphagia requiring dilatation six or more times per year; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 20 -25%.
Forty-three	**Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.
Sixty-one	**Maintenance of Nutrition:** • Involuntary weight loss of greater than 30%.

Steps to Determine Gastrointestinal Esophagus Assessment

Step 1: Determine the rating from **Table 14.2** (Other Impairment - Esophagus).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 14.3 - Other Impairment - Stomach and Duodenum

Only one rating may be given from **Table 14.3**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.3**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.3 - Other Impairment - Stomach and Duodenum

Rating	Criteria
Nil	**Conditions of the stomach and duodenum:** • Single episode of peptic ulcer disease, gastritis or duodenitis successfully treated; **or** **Maintenance of Nutrition:** • No involuntary weight loss.
Two	**Conditions of the stomach and duodenum:** • Functional dyspepsia, gastritis or duodenitis requiring intermittent treatment; **or** **Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.
Four	**Conditions of the stomach and duodenum:** • Functional dyspepsia, gastritis or duodenitis requiring regular treatment; **or** • Recurrent peptic ulcer disease requiring intermittent treatment.
Nine	**Conditions of the stomach and duodenum:** • Peptic ulcer disease with ongoing symptoms requiring regular treatment.
Thirteen	**Conditions of the stomach and duodenum:** • Peptic ulcer disease complicated by recurrent bleeding **or** outlet obstruction despite optimal treatment; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Gastrostomy.
Eighteen	**Maintenance of Nutrition:** • Jejunostomy.
Twenty-one	**Conditions of the stomach and duodenum:** • Peptic ulcer disease complicated by recurrent bleeding **and** outlet obstruction despite optimal treatment.
Twenty-six	**Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%.
Thirty-four	**Maintenance of Nutrition:** • Involuntary weight loss of 20 - 25%.

Rating	Criteria
Forty-three	**Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.
Sixty-one	**Maintenance of Nutrition:** • Involuntary weight loss of greater than 30%.

Table 14.4 - Other Impairment - Gastric Surgery

Only one rating may be given for each entitled condition from **Table 14.4**. If more than one rating is applicable for a condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.4 - Other Impairment - Gastric Surgery

Rating	Criteria
Nil	• Past gastric surgery; asymptomatic.
Four	• Intermittent dumping syndrome.
Nine	• Frequent dumping syndrome; **or** • Bile reflux gastritis.
Thirteen	• Dumping syndrome on most days.

Note: Postvagotomy syndrome is rated within **Table 14.5**.

Steps to Determine Gastrointestinal Stomach and Duodenum Assessment

Step 1: Determine the rating from **Table 14.3** (Other Impairment - Stomach and Duodenum).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the rating(s) from **Table 14.4** (Other Impairment - Gastric Surgery) (if applicable).

Note: A rating may also be applicable for signs and symptoms of postvagotomy syndrome from the bowel disorder section of **Table 14.5** (Other Impairment - Small bowel, Large bowel, Rectum and Anus). If so, applicable ratings from **Table 14.4** and **Table 14.5** are added.

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: Add the ratings at Step 2 and Step 4.

Step 6*:* Determine the Quality of Life rating.

Step 7: Add the ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Table 14.5 - Other Impairment - Small Bowel, Large Bowel, Rectum and Anus

Only one rating may be given for each entitled condition from **Table 14.5**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.5**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.5 - Other Impairment - Small Bowel, Large Bowel, Rectum and Anus

Rating	Criteria
Nil	**Conditions of the rectum and anus:** • Hemorrhoidal tags; **or** • Previous hemorrhoidectomy; **or** • Healed anal fissure; **or** • Healed anal fistula; **or** • Healed perineal fistula; **or** • Rectal abscess operated, no recurrence; **or** • Healed rectovaginal fistula; **or** **Bowel Disorder:** • Occasional diarrhea/constipation not requiring dietary measures or medication(s); **or** **Maintenance of Nutrition:** • No involuntary weight loss; **or** **Excretion:** • Hemicolectomy.
Two	**Conditions of the rectum and anus:** • Recurrent rectal abscesses requiring surgical treatment 1-2 times per year**; or** **Bowel disorder:** • Requiring intermittent medication(s); **or** **Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.

Rating	Criteria
Four	**Conditions of the small bowel, large bowel, rectum and anus:** • Hemorrhoids present; occasional pain and/or bleeding; **or** • Anal fissure; recurrent symptoms requiring medications; **or** • Recurrent rectal abscesses requiring surgical treatment 3-4 times per year; **or** • Intermittent rectal prolapse; **or** **Bowel disorder:** • Responsive to continuous dietary measures and continuous medication(s); **or** **Inflammatory bowel disease:** • Crohn's disease or ulcerative colitis with minimal symptoms; **or** **Maintenance of Nutrition:** • Malabsorption with symptoms well controlled with dietary measures and continuous medication(s); **or** **Excretion:** • Fecal incontinence associated with occasional staining; no incontinent pad required.
Nine	**Conditions of the small bowel, large bowel, rectum and anus:** • Hemorrhoids present requiring ongoing medication(s); persistent pain and/or bleeding; **or** **Bowel disorder:** • Only partially controlled by continuous dietary measures and continuous medications; **or** **Inflammatory bowel disease:** • Infrequent, mild exacerbations. Symptoms well controlled with intermittent medical therapy; **or** **Excretion:** • Fecal incontinence associated with soiling but less than daily; may need incontinent pad on occasion.

Rating	Criteria
Thirteen	**Conditions of the rectum and anus:** • Persistent rectal prolapse; **or** • Rectal abscesses requiring surgical treatment more than four times per year; **or** **Bowel disorder:** • Poor response to continuous dietary measures and continuous medication(s); abdominal pain on most days; considerable interference with daily activities; **or** **Inflammatory bowel disease:** • One exacerbation per year; **or** • Continuous medication required; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Prescribed exclusion diet with permanent severe restriction (e.g. gluten-free diet); **or** • Malabsorption and nutritional deficiencies: with some signs and symptoms (e.g. steatorrhea) despite continuous dietary measures and continuous medication(s); **or** • Esophagostomy or gastrostomy; **or** **Excretion:** • Fecal incontinence necessitating frequent changes of underwear or 1-4 incontinent pads per day; **or** • Total colectomy.
Eighteen	**Maintenance of Nutrition:** • Jejunostomy.
Twenty-six	**Inflammatory bowel disease:** • Moderate symptoms requiring continuous medical therapy; two to four exacerbations per year; some constitutional symptoms such as weight loss and fever present; hospitalization(s) may be required, but no surgical intervention required; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%; **or** **Excretion:** • Fecal incontinence necessitating use of greater than 4 incontinent pads per day; **or** • Permanent colostomy.
Thirty-four	**Maintenance of Nutrition:** • Involuntary weight loss of 20 - 25%; **or** **Excretion:** • Ileostomy; **or** • Fecal incontinence with complete loss of sphincter control.

Rating	Criteria
Forty-three	**Inflammatory bowel disease:** • Severe symptoms requiring continuous medical therapy and surgical intervention(s) required; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.
Sixty-one	**Maintenance of Nutrition:** • Involuntary weight loss greater than 30%.
Eighty-one	**Inflammatory bowel disease:** • Severe illness not responding to medical or surgical treatment; requiring prolonged and repeated hospitalization(s) with severe nutritional impairment.

Inflammatory bowel disease associated with enterocutaneous fistula(e) are rated on individual merits.

Steps to Determine Gastrointestinal Small Bowel, Large Bowel, Rectum and Anus Assessment

Step 1: Determine the rating from **Table 14.5** (Other Impairment - Small Bowel and Large Bowel, Rectum and Anus).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Note: If more than one entitled condition requires a rating, the steps must be repeated.

Table 14.6 - Other Impairment - Liver and Gallbladder

Two ratings may be selected from **Table 14.6**, one rating for liver disease and one rating for gallbladder disease. If more than one rating is applicable for the liver, the ratings are **compared** and the **highest** selected. If more than one rating is applicable for the gallbladder, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.6**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.6 - Other Impairment - Liver and Gallbladder

Rating	Criteria
Nil	**Conditions of the liver and gallbladder:** • Gallbladder disease: asymptomatic; **or** • Cholecystectomy; **or** • Liver disease: asymptomatic; normal or mildly abnormal liver tests; **or** **Maintenance of Nutrition:** • No involuntary weight loss**.**
Two	**Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.
Four	**Conditions of the liver and gallbladder:** • Gallbladder disease: recurrent attacks of biliary colic, with or without jaundice; **or** **Maintenance of Nutrition:** • Malabsorption: symptoms well controlled with continuous dietary measures and continuous medication(s).
Nine	**Conditions of the liver and gallbladder:** • Liver disease: mildly abnormal liver function tests; clinical signs/symptoms of liver disease such as fatigue, but no history of jaundice, ascites, or bleeding episode (esophageal varices) within the last **5** years.
Thirteen	**Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Malabsorption and nutritional deficiencies with some signs and symptoms (e.g. steatorrhea) despite continuous dietary measures and continuous medication(s).
Eighteen	**Conditions of the liver and gallbladder:** • Liver disease: persistent elevation of liver function tests **and ONE** of the following objective signs within the past **5** years: – jaundice – ascites – 1 bleeding episode (esophageal varices)**.**

Rating	Criteria
Twenty-six	**Conditions of the liver and gallbladder:** • Liver transplant (minimum rating); **or** **Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%.
Thirty-four	**Conditions of the liver and gallbladder:** • Liver disease: abnormal liver function tests **and ONE** of the following objective signs within the past **1** year: – jaundice – ascites – 1 bleeding episode (esophageal varices); **or** **Maintenance of Nutrition:** • Involuntary weight loss of 20 - 25%.
Forty-three	**Conditions of the liver and gallbladder:** • Progressive liver disease with hepatic encephalopathy **or TWO** of the following objective signs within the past **1** year: - persistent jaundice - ascites - 1 bleeding episode (esophageal varices); **or** **Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.
Sixty-one	**Conditions of the liver and gallbladder:** • Progressive liver disease with hepatic encephalopathy **and TWO** of the following objective signs within the past **1** year: • persistent jaundice • ascites • 1 bleeding episode (esophageal varices); **or** **Maintenance of Nutrition:** • Involuntary weight loss greater than 30%.
Eighty-one	**Conditions of the liver and gallbladder:** • Progressive liver disease with **ALL** of the following objective signs within the past **1** year: • persistent jaundice • ascites • 1 bleeding episode (esophageal varices) • hepatic encephalopathy.

Steps to Determine Gastrointestinal Liver and Gallbladder Assessment

Step 1: Determine the rating from **Table 14.6** (Other Impairment - Liver and Gallbladder).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Note: If both a liver and gallbladder condition require a rating, the steps must be repeated.

Table 14.7 - Other Impairment - Pancreas

Only one rating may be given from **Table 14.7**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.7**, only one criterion must be met at a level of impairment for that rating to be selected.

Table14.7 - Other Impairment - Pancreas

Rating	Criteria
Nil	**Conditions of the pancreas:** • Pancreatic disease: asymptomatic; **or** **Maintenance of Nutrition:** • No involuntary weight loss.
One	**Conditions of the pancreas:** • Pancreatic disease with mild infrequent symptoms.
Two	**Maintenance of Nutrition:** • Minor diet alterations, e.g. permanent avoidance of certain foods.
Four	**Maintenance of Nutrition:** • Malabsorption with symptoms well controlled with continuous dietary measures and continuous medication(s).
Nine	**Conditions of the pancreas:** • Pancreatic pseudocyst*: managed conservatively.
Thirteen	**Conditions of the pancreas:** • Chronic pancreatitis with ongoing intermittent attacks of abdominal pain; **or** **Maintenance of Nutrition:** • Involuntary weight loss of 10 - 14%; **or** • Malabsorption and nutritional deficiencies with some signs and symptoms (e.g. steatorrhea) despite continuous dietary measures and continuous medication(s).
Eighteen	**Conditions of the pancreas:** • Chronic pancreatitis with frequent attacks of abdominal pain or two or more admissions to hospital within the past year.
Twenty-six	**Maintenance of Nutrition:** • Involuntary weight loss of 15 - 19%.
Thirty-four	**Maintenance of Nutrition:** • Involuntary weight loss of 20 - 25%.
Forty-three	**Maintenance of Nutrition:** • Involuntary weight loss of 26 - 30%.

Rating	Criteria
Sixty-one	**Maintenance of Nutrition:** • Involuntary weight loss of greater than 30%.

***Pancreatic pseudocyst requiring surgical decompression will be rated on individual merits.**

Steps to Determine Gastrointestinal Pancreas Assessment

Step 1: Determine the rating from **Table 14.7** (Other Impairment - Pancreas)**.**

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 14.8 - Other Impairment - Gastrointestinal Miscellaneous

Only one rating may be given for each entitled condition from **Table 14.8**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 14.8**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 14.8 - Other Impairment - Gastrointestinal Miscellaneous

Rating	Criteria
Nil	• **Abdominal wall hernia:** asymptomatic, no pain or discomfort; **or** • **Abdominal wall hernia**: operated with no symptoms, well healed; **or** • **Inguinal hernia:** operated with no symptoms, well healed; **or** • **Pilonidal sinus disease:** asymptomatic; **or** • **Pilonidal sinus disease:** operated with no symptoms, well healed.
Two	• **Abdominal wall hernia:** resulting in slight visible protrusion only with increased abdominal pressure, occasional mild discomfort; **or** • **Inguinal hernia:** with slight visible protrusion only with increased abdominal pressure, occasional mild discomfort; **or** • **Abdominal wall hernia:** operated with ongoing discomfort, well healed scar but scar may be tender; **or** • **Inguinal hernia:** operated with ongoing discomfort, well healed scar but scar may be tender.
Three	• **Abdominal wall hernia:** resulting in visible protrusion, manually reducible, frequent discomfort which precludes heavy lifting but is able to carry out normal daily activities; **or** • **Inguinal hernia:** resulting in visible protrusion, manually reducible, frequent discomfort which precludes heavy lifting but is able to carry out normal daily activities.
Four	• **Pilonidal sinus disease:** recurrent disease with intermittent symptoms despite surgery; **or** • **Morbid obesity:** body mass index (BMI) greater than or equal to 40.
Nine	• **Abdominal wall hernia:** resulting in large visible protrusion, irreducible and irreparable, persistent discomfort, limits normal activities; **or** • **Inguinal hernia**: large in size, not readily reducible and irreparable, persistent discomfort, limits normal activities; **or** • **Pilonidal sinus disease:** with chronic drainage despite surgery.

Steps to Determine Miscellaneous Gastrointestinal Assessment

Step 1: Determine the rating from **Table 14.8** (Other Impairment - Miscellaneous - Gastrointestinal).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Note: If more than one entitled condition requires a rating, the steps must be repeated.

Reference Chart 1 - Weights by Sex, Height, and Body Build

Indoor clothing weighing 2.3 kg [5 lb] for men and 1.4 kg [3 lb] for women; and shoes with 2.5 cm [1 in] heels.

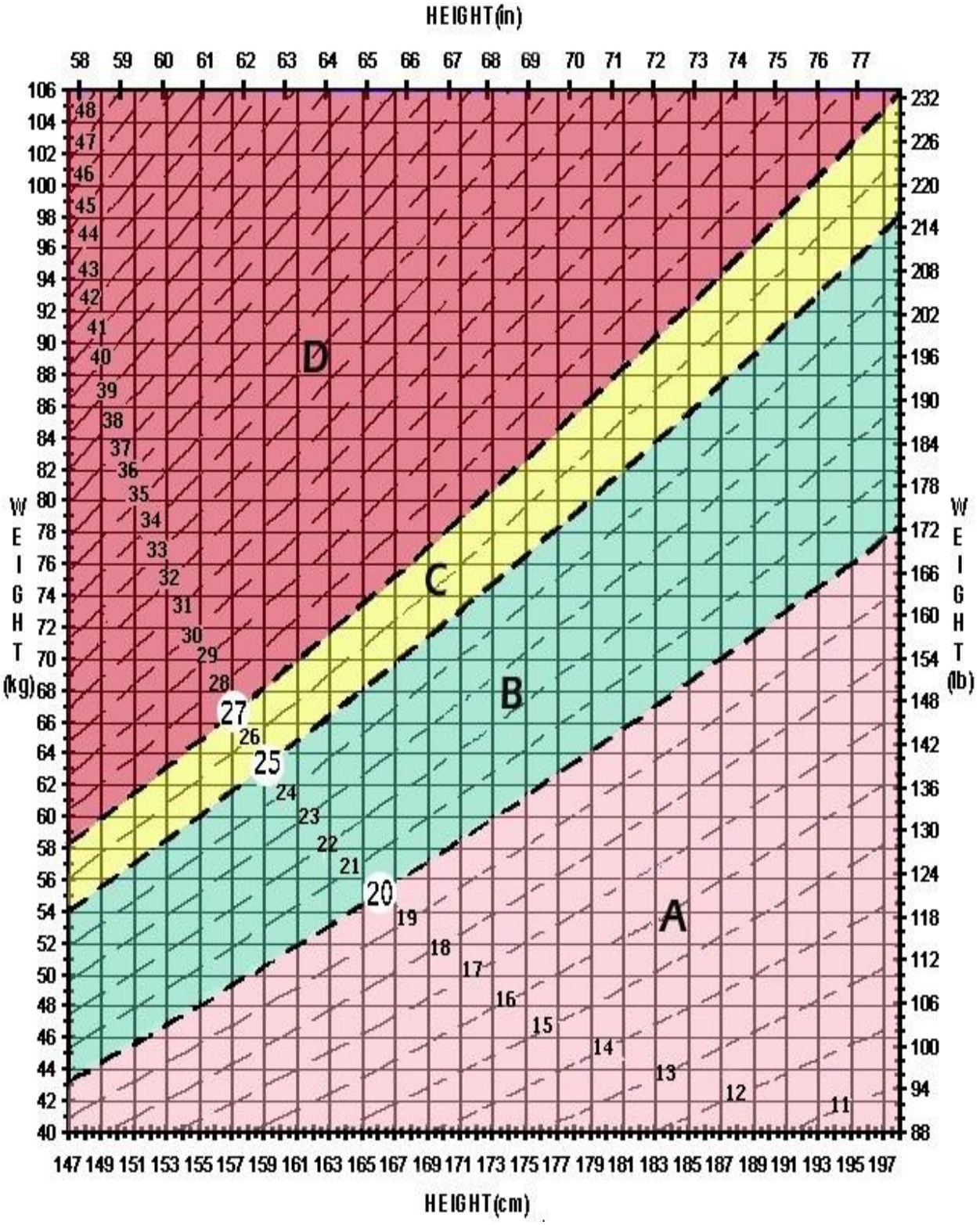
Men

Height in (cm)	Weight lb (kg)		
	Small Frame	**Medium Frame**	**Large Frame**
62 (157)	128-134 (58.0-60.7)	131-141 (59.2-63.9)	138-150 (62.5-67.8)
63 (160)	130-136 (59.0-61.7)	133-143 (60.3-64.9)	140-153 (63.5-69.4)
64 (163)	132-138 (60.0-62.7)	135-145 (61.3-66.0)	142-156 (64.5-71.1)
65 (165)	134-140 (60.8-63.5)	137-148 (62.1-67.0)	144-160 (65.3-72.5)
66 (168)	136-142 (61.8-64.6)	139-151 (63.2-68.7)	146-164 (66.4-74.7)
67 (170)	138-145 (62.5-65.7)	142-154 (64.3-69.8)	149-168 (67.5-76.1)
68 (173)	140-148 (63.6-67.3)	145-157 (65.9-71.4)	152-172 (69.1-78.2)
69 (175)	142-151 (64.3-68.3)	148-160 (66.9-72.4)	155-176 (70.1-79.6)
70 (178)	144-154 (65.4-70.0)	151-163 (68.6-74.0)	158-180 (71.8-81.8)
71 (180)	146-157 (66.1-71.0)	154-166 (69.7-75.1)	161-184 (72.8-83.3)
72 (183)	149-160 (67.7-72.7)	157-170 (71.3-77.2)	164-188 (74.5-85.4)
73 (185)	152-164 (68.7-74.1)	160-174 (72.4-78.6)	168-192 (75.9-86.8)
74 (188)	155-168 (70.3-76.2)	164-178 (74.4-80.7)	172-197 (78.0-89.4)
75 (190)	158-172 (71.4-77.6)	167-182 (75.4-82.2)	176-202 (79.4-91.2)
76 (193)	162-176 (73.5-79.8)	171-187 (77.6-84.8)	181-207 (82.1-93.9)

Women

Height in (cm)	Weight lb (kg)		
	Small Frame	**Medium Frame**	**Large Frame**
58 (147)	102-111 (46.2-50.2)	109-121 (49.3-54.7)	118-131 (53.3-59.3)
59 (150)	103-113 (46.7-51.3)	111-123 (50.3-55.9)	120-134 (54.4-60.9)
60 (152)	104-115 (47.1-52.1)	113-126 (51.1-57.0)	122-137 (55.2-61.9)
61 (155)	106-118 (48.1-53.6)	115-129 (52.2-58.6)	125-140 (56.8-63.6)
62 (157)	108-121 (48.8-54.6)	118-132 (53.2-59.6)	128-143 (57.8-64.6)
63 (160)	111-124 (50.3-56.2)	121-135 (54.9-61.2)	131-147 (59.4-66.7)
64 (163)	114-127 (51.9-57.8)	124-138 (56.4-62.8)	134-151 (61.0-68.8)
65 (165)	117-130 (53.0-58.9)	127-141 (57.5-63.9)	137-155 (62.0-70.2)
66 (168)	120-133 (54.6-60.5)	130-144 (59.2-65.5)	140-159 (63.7-72.4)
67 (170)	123-136 (55.7-61.6)	133-147 (60.2-66.6)	143-163 (64.8-73.8)
68 (173)	126-139 (57.3-63.2)	136-150 (61.8-68.2)	146-167 (66.4-75.9)
69 (175)	129-142 (58.3-64.2)	139-153 (62.8-69.2)	149-170 (67.4-76.9)
70 (178)	132-145 (60.0-65.9)	142-156 (64.5-70.9)	152-173 (69.0-78.6)
71 (180)	135-148 (61.0-66.9)	145-159 (65.6-71.9)	155-176 (70.1-79.6)
72 (183)	138-151 (62.6-68.4)	148-162 (67.0-73.4)	158-179 (71.6-81.2)

Reference Chart 2 - BMI Chart



Instructions for Use of BMI Chart

To estimate pre-morbid weight, locate the point on the chart where height and the midpoint of Zone B intersect and follow the horizontal line to determine the estimated weight. Read the number on the dashed line closest to this point.

For example, if you are 173 cm tall and you have a BMI of approximately 22 at the midpoint of Zone B, your estimated weight would be 66 kg.

You can calculate your BMI using this formula: BMI = weight(kg)/height(m2).

Zone A = Underweight
Zone B = Normal
Zone C = Overweight
Zone D = Obesity

Chapter 15
ENDOCRINE AND METABOLIC IMPAIRMENT

Introduction

This chapter provides criteria used to rate permanent impairment resulting from endocrine disorders and disorders of metabolism.

The endocrine system is composed of the hypothalamic-pituitary axis, the thyroid gland, the parathyroid glands, the adrenal glands, the islet cell tissue of the pancreas and the gonads.

Common endocrine disorders and disorders of metabolism assessed within this chapter include:
- hyperthyroidism
- hypothyroidism
- hyperparathyroidism
- hypoparathyroidism
- hyperadrenocorticism (e.g. Cushing's disease)
- hypoadrenalism (e.g. Addison's disease)
- diabetes mellitus
- hyperlipidemia
- metabolic bone disease (e.g. osteoporosis).

Also assessed within this chapter are hypothalmic-pituitary axis disorders and Paget's disease of the bone.

The pituitary gland, influenced by the hypothalmus, releases several hormones which control the activity of other endocrine glands or directly effect tissues of the body. The hormones released include:
- thyrotropin (TSH) controls activity of the thyroid gland
- corticotropin (ACTH) controls the activity of the adrenal glands
- luteinizing hormone (LH) and follicle-stimulating hormone (FSH) control the activity of the gonads
- growth hormone (GH)
- prolactin
- antidiuretic hormone (ADH)
- oxytocin.

Disorders of the hypothalmic-pituitary axis may affect one or several of these hormones. Each affected hormone may result in permanent impairment.

Paget's disease of the bone is a non-metabolic bone disease; however, for assessment purposes, this condition is rated by using the criteria contained within **Table 15.3**.

A rating is **not** given from this chapter for conditions listed below. Each bullet indicates the appropriate chapter to be used:

- Gonad (ovarian and testicular) impairment is rated within Chapter 16, Urinary, Sexual and Reproductive Impairment.

- Mammary gland impairment is rated within Chapter 16, Urinary, Sexual and Reproductive Impairment.

If ratings are applicable from both **Table 15.3** and Chapter 16 for a hypothalmic-pituitary axis disorder, the ratings are **added**.

Impairment from malignant endocrine conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains two "Loss of Function" tables and one "Other Impairment" table which are used to assess the impairment from entitled endocrine and metabolic disorders.

The tables within this chapter are:

Table 15.1	Loss of Function - Diabetes Mellitus	This table is used to rate impairment from diabetes mellitus.
Table 15.2	Other Impairment - Diabetic Foot Ulcers	This table is used to rate impairment from diabetic foot ulcers.
Table 15.3	Loss of Function - Endocrine and Metabolic Disorders (Excluding Diabetes Mellitus)	This table is used to rate impairment from endocrine and metabolic disorders other than diabetes mellitus.

Loss of Function - Diabetes Mellitus

Table 15.1 is used to rate impairment from diabetes mellitus. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Diabetes mellitus may result in permanent impairment of other organ systems (e.g. diabetic retinopathy, diabetic neuropathy, diabetic foot ulcers, diabetic nephropathy). If this is the case, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s). Diabetic foot ulcers are rated within this chapter from **Table 15.2**.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Diabetic Foot Ulcers

Table 15.2 is used to rate impairment from diabetic foot ulcers. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Any resulting amputation is rated using the Amputation Table in Chapter 17, Musculoskeletal Impairment. The ratings from **Table 15.2** and the Chapter 17 rating are **compared** and the **highest** selected.

If diabetic foot ulcers and peripheral vascular arterial disease are both entitled, the conditions are bracketed and one rating is obtained from **Table 13.2** within Chapter 13, Hypertension and Vascular Impairment. No rating is taken from **Table 15.2.**

Diabetic foot ulcers may result in permanent impairment of other organ systems (e.g. chronic osteomyelitis). If this is the case, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Endocrine and Metabolic Disorders (Excluding Diabetes Mellitus)

Table 15.3 is used to rate impairment from endocrine and metabolic disorders other than diabetes mellitus. One rating may be selected for each entitled condition (excluding diabetes and hypothalmic-pituitary axis disorders). If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

In the majority of cases, treatment will completely control or permanently correct endocrine and metabolic disorders. If activities of daily living are affected despite optimal treatment or if optimal treatment cannot be provided due to other medical conditions, a rating will be determined from Chapter 19, Activities of Daily Living. If a rating is applicable from both **Table 15.3** and the ADL chapter, the ratings are **compared** and the **highest** selected.

Endocrine and metabolic disorders may result in permanent impairment of other organ systems. If this is the case, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 15.1 - Loss of Function - Diabetes Mellitus

Only one rating may be given from **Table 15.1.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 15.1**, all criteria designated at that rating level must be met.

Table 15.1 - Loss of Function - Diabetes Mellitus

Rating	Criteria
Four	• Diabetes mellitus controlled by restricted diet and exercise.
Thirteen	• Diabetes mellitus controlled by restricted diet, exercise and use of oral hypoglycemic medication(s).
Twenty-one	• Diabetes mellitus requiring the use of insulin.
Thirty-four	• Poorly controlled diabetes mellitus despite optimal therapy; **and** • Complications intrinsic* to diabetes mellitus are present on a regular basis.

* Intrinsic complications - pruritus; transient skin infections; hypoglycemic reactions; ketoacidosis.

Table 15.2 - Other Impairment - Diabetic Foot Ulcers

Only one rating may be given from **Table 15.2.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 15.2**, all criteria designated at that rating level must be met.

Table 15.2 - Other Impairment - Diabetic Foot Ulcers

Rating	Criteria
Nine	• Diabetic foot ulcer(s) involving one foot.
Twenty-one	• Diabetic foot ulcers involving both feet.

Table 15.3 - Loss of Function - Endocrine and Metabolic Disorders (Excluding Diabetes Mellitus)

One rating from **Table 15.3** may be given for each entitled endocrine and metabolic disorder (excluding diabetes mellitus and hypothalmic-pituitary axis disorders). If more than one rating is applicable for a disorder, the ratings are **compared** and the **highest** selected.

In cases of entitled hypothalmic-pituitary axis disorders, one rating from **Table 15.3** may be selected for each resulting endocrine abnormality. If more than one rating is applicable, the ratings are **added**.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.1**, follow the "**and(s)**" and "**or(s)**".

Table 15.3 - Loss of Function - Endocrine and Metabolic Disorders (excluding Diabetes Mellitus)

Rating	Criteria
Nil	• Asymptomatic; **and** • No requirement for treatment; **or** • History of endocrine or metabolic disorder permanently corrected by treatment.
One	• Endocrine or metabolic disorder requiring regular injections less than monthly.
Two	• Endocrine or metabolic disorder requiring regular injections on a monthly basis; **or** • Endocrine or metabolic disorder requiring a specific diet.
Three	• Endocrine or metabolic disorder requiring continuous oral or nasal medication; **or** • Endocrine or metabolic disorder requiring regular injections more than once per month but less than weekly.
Four	• Endocrine or metabolic disorder requiring injections on a weekly basis.
Nine	• Symptomatic endocrine or metabolic disorder despite optimal treatment, but there is no difficulty with performing activities of daily living; **or** • Endocrine or metabolic disorder requiring regular daily injections.

Steps to Determine Diabetes Mellitus and Diabetic Foot Ulcer Assessment

Step 1: Determine the rating from **Table 15.1** (Loss of Function - Diabetes Mellitus).

Step 2: Does the Partially Contributing Table apply? If **yes,** apply to the rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment for diabetes mellitus.

Step 6: Determine the rating from **Table 15.2** (Other Impairment - Diabetic Foot Ulcers).

Step 7: Does the Partially Contributing Table apply? If **yes,** apply to the rating at Step 6.

Note: If diabetic foot ulcers ***and*** peripheral vascular disease are ***both*** present, ***no rating is taken from this chapter***. A rating is taken ***only*** from **Table 13.2** - Other Impairment - Peripheral Vascular Arterial Disease in Chapter 13, Hypertension and Vascular Impairment.

Step 8: Determine the Quality of Life rating.

Step 9: Add the ratings at Step 7 and Step 8.

Step 10: If partial entitlement exists, apply to rating at Step 9.

This is the Disability Assessment for diabetic foot ulcers.

Steps to Determine the Endocrine and Metabolic Assessment (excludes diabetes mellitus and diabetic foot ulcers)

Step 1: Determine the rating from **Table 15.3** (Loss of Function - Endocrine and Metabolic Disorders [excluding diabetes mellitus]).

Note: If the condition to be rated from **Table 15.3** is a hypothalmic - pituitary axis disorder, one rating may be taken from **Table 15.3** for each resulting pituitary abnormality. If this is the case, the individual ratings are **added**.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to the rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to Step 4 rating.

Step 6: If activities of daily living are affected despite optimal treatment, determine the rating from **Chapter 19**, Activities of Daily Living.

Step 7: **Compare** ratings at Step 5 and Step 6 and select the **highest**.

This is the Disability Assessment.

Chapter 16

URINARY, SEXUAL, REPRODUCTIVE AND BREAST IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled urinary, sexual, reproductive and breast conditions.

The chapter is divided into two sections. The first section provides criteria to rate impairment of upper and lower urinary tract conditions. The second section provides criteria to rate impairment of sexual, reproductive and breast conditions.

Impairment from rectovaginal fistula(e) is rated within Chapter 14, Gastrointestinal Impairment.

Impairment from loss of a kidney due to tuberculosis is rated within Chapter 24, Tuberculosis Impairment.

Impairment from malignant urinary, sexual, reproductive and breast conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

For the purposes of this chapter:

Female: means cis female, a person assigned female sex at birth and identifies as a woman.

Male: means cis male, a person assigned male sex at birth and identifies as a man.

Sex/gender diverse: means a person with differences in sexual development, people who do not identify within the binary terms of sex and/or gender as a man or a woman, and people who identify as transgender.

An individual's present anatomy is used to select the applicable impairment table(s). This includes sex/gender diverse individuals who have not yet undertaken gender affirming treatment (hormone and/or surgery).

For sex/gender diverse individuals who have undertaken gender affirming treatment (hormone and/or surgery), the medical impairment rating is determined based on individual merit.

Penetrative sexual activity is defined as the insertion of a body part or other object into the mouth, vagina or anus, as part of human sexual activity.

Sexual activity is defined as the manner in which humans experience and express their sexuality.

Rating Tables

This chapter contains four "Loss of Function" tables and two "Other Impairment" tables which may be used to rate entitled urinary, sexual, reproductive and breast conditions.

The tables within this chapter are:

Table 16.1	Loss of Function - Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.
Table 16.2	Loss of Function - Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.
Table 16.3	Loss of Function - Sexual and Reproductive – Male Anatomy	This table is used to rate impairment in sexual and reproductive function in male anatomy.
Table 16.4	Loss of Function - Sexual and Reproductive – Female Anatomy	This table is used to rate impairment in sexual and reproductive function in female anatomy.
Table 16.5	Other Impairment - Breasts – Male Anatomy	This table is used to rate impairment of the male breast.
Table 16.6	Other Impairment - Breasts – Female Anatomy	This table is used to rate impairment of the female breast.

Section 1

Determining Impairment Assessment of Urinary Tract Function

The tables that may be used to rate impairment from urinary tract conditions are:

Table 16.1	Loss of Function - Upper Urinary Tract	This table is used to rate impairment in the upper urinary tract.
Table 16.2	Loss of Function - Lower Urinary Tract	This table is used to rate impairment in the lower urinary tract.

Loss of Function - Upper Urinary Tract

Table 16.1 is used to rate impairment from conditions of the upper urinary tract (kidney and ureter). Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Ratings in the upper urinary tract table take into account the presence of signs and symptoms and laboratory findings which may accompany the urinary tract impairment. Signs and symptoms may include hypertension, chronic anemia, edema, headache, dyspnea, fatigue, fever, chills, back pain, dizziness, hematuria, anuria and recurrent upper urinary tract infections.

Glomerular Filtration Rate(GFR) is the best indicator of overall kidney function. Estimation of GFR (eGFR) using an equation remains the accepted and most practical means of assessing kidney function. The current “gold standard” equation for eGFR is the CKD-EPI Equation[1] (Chronic Kidney Disease Epidemiology Collaboration Equation).

When entitled upper urinary tract conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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[1] eGFRcr = 142 x min(Scr/κ, 1)α x max(Scr/κ, 1)-1.200 x 0.9938Age x 1.012 [if female]
where:
Scr = standardized serum creatinine in mg/dL
κ = 0.7 (females) or 0.9 (males)
α = -0.241 (female) or -0.302 (male)
min(Scr/κ, 1) is the minimum of Scr/κ or 1.0
max(Scr/κ, 1) is the maximum of Scr/κ or 1.0
Age (years)

Loss of or impairment of function of a second kidney may result in a paired organ award. In such cases, refer to chapter 4- Paired Organs and Paired Limbs for assessment purposes.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lower Urinary Tract

Table 16.2 is used to rate impairment from conditions of the lower urinary tract (bladder and urethra), prostate and epididymis. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled lower urinary tract conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 16.1 - Loss of Function - Upper Urinary Tract

Only one rating may be given for each entitled condition from **Table 16.1.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.1**, follow the **“ands”** and **“ors”**.

Table 16.1 - Loss of Function - Upper Urinary Tract

Rating	Criteria
Nil	• Normal or mildly impaired renal function; **and** • No clinical signs of renal disease.
Four	• Pyelonephritis: up to 2 attacks per year; **or** • Kidney stones: occasional attacks of renal colic; **or** • Normal GFR but requires ongoing renal monitoring.
Nine	• Diminution in renal function evidenced by GFR of 60-89 mL/min/1.73 m^2. Signs and symptoms and abnormal laboratory findings may be present; **or** • Pyelonephritis: 3 - 4 attacks per year; **or** • Kidney stones: yearly attacks of renal colic; **or** • Chronic unilateral hydronephrosis with infection.
Thirteen	• Pyelonephritis: more than 4 attacks per year; **or** • Nephrectomy; **or** • Chronic bilateral hydronephrosis with infection.
Twenty-one	• Successful renal transplant (minimum rating).
Twenty-six	• Diminution in renal function evidenced by GFR of 45-59 mL/min/1.73 m^2. Signs and symptoms and abnormal laboratory findings may be present; **or** • Permanent urinary diversion with ostomy of the skin (i.e. nephrostomy, ureterointestinal, ileal conduit, cutaneous ureterostomy).
Forty-three	• Diminution in renal function evidenced by GFR of 30-44 mL/min/1.73 m^2. Signs and symptoms and abnormal laboratory findings may be present.
Fifty-seven	• Diminution in renal function evidenced by GFR of 15-29 mL/min/1.73 m^2. Signs and symptoms and abnormal laboratory findings may be present.
Eighty-one	• Diminution in renal function evidenced by GFR of less than 15 mL/min/1.73 m^2. Signs and symptoms and abnormal laboratory findings may be present; **or** • Requiring ongoing peritoneal or hemodialysis.

Steps to Determine Urinary Tract Assessment (Upper Tract)

Step 1: Determine the rating from **Table 16.1** (Loss of Function - Upper Urinary Tract).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating above.

This is the Disability Assessment.

Table 16.2 - Loss of Function - Lower Urinary Tract

Only one rating may be given for each entitled condition from **Table 16.2**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.2**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.2 - Loss of Function - Lower Urinary Tract

Rating	Criteria
Nil	• **Voiding dysfunction:** occasional symptoms of dysuria, urgency or frequency; **or** • Prostatectomy.
One	• **Obstructed voiding:** with hesitancy or diminished stream; **or** • **Lower urinary tract infection:** occurring 1-2 times per year.
Four	• **Voiding dysfunction:** symptoms of dysuria, urgency and/or frequency; daytime voiding every 3 hours **and** awakening once through the night; **or** • 1 - 2 incontinent pads required daily; **or** • **Chronic epididymitis** without urinary tract symptoms but with ongoing pain.
Nine	• **Obstructed voiding:** requiring 2 - 4 dilatations per year; **or** • **Lower tract infection:** occurring at least 4 times per year despite long term prophylactic antibiotic drug therapy.
Thirteen	• **Voiding dysfunction:** symptoms of dysuria, urgency and frequency; daytime voiding every 2 hours **and** nocturia 2 - 3 times per night; **or** • More than 2 incontinent pads required daily.
Eighteen	• **Voiding dysfunction:** symptoms of dysuria, urgency and frequency; daytime voiding every 1 hour **and** nocturia 4 - 5 times per night; **or** • Permanent use of condom catheter; **or** • **Obstructed voiding:** with any **one** of the following: o post-void residuals greater than 150 cc; o uroflowmetry - markedly diminished peak flow rate (less than10 cc/sec); o stricture disease requiring more than 4 dilatations per year.
Twenty-six	• **Voiding dysfunction:** symptoms of dysuria, urgency and frequency, with less than 30 minutes between voidings **and** voiding more than 5 times per night; **or** • **Obstructed voiding:** with urinary retention requiring intermittent daily catheterization.
Thirty-four	• **Voiding dysfunction:** no voluntary control of bladder; **or** • Permanent indwelling catheter.
Forty-three	• **Voiding dysfunction:** with painful urinary frequency and voids every 15 minutes day and night; **or** • Permanent suprapubic catheter.

Steps to Determine Urinary Tract Assessment
(Lower Tract)

Step 1: Determine the rating from **Table 16.2** (Loss of Function - Lower Urinary Tract).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment.

Section 2

Determining Impairment Assessment of Sexual, Reproductive and Breast Function

Selection of Tables

The tables that may be used to rate impairment from sexual and reproductive conditions are:

Table 16.3	Loss of Function - Sexual and Reproductive - Male Anatomy	This table is used to rate impairment in sexual and reproductive function in male anatomy.
Table 16.4	Loss of Function - Sexual and Reproductive - Female Anatomy	This table is used to rate impairment in sexual and reproductive function in female anatomy.
Table 16.5	Other Impairment - Breasts - Male Anatomy	This table is used to rate impairment of the male breast.
Table 16.6	Other Impairment - Breasts - Female Anatomy	This table is used to rate impairment of the female breast.

Loss of Function - Sexual and Reproductive - Male Anatomy

Table 16.3 is used to rate impairment from sexual and reproductive conditions impacting male anatomy.

Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

For Veterans Affairs Canada (VAC) purposes **'Sterility'** is defined as the complete inability to produce offspring despite medical intervention.

'**Infertility**' is defined as inability to conceive after one year or longer of unprotected sex. For VAC purposes where an entitled condition results in infertility, it will be assessed on individual merits.

When entitled sexual and reproductive conditions impacting male anatomy result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Sexual and Reproductive - Female Anatomy

Table 16.4 is used to rate impairment from impairment from sexual and reproductive conditions impacting female anatomy.

Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

For VAC purposes **'Sterility'** is defined as the complete inability to produce offspring despite medical intervention.

'**Infertility**' is defined as inability to conceive after one year or longer of unprotected sex. For VAC purposes where an entitled condition results in infertility, it will be assessed on individual merits.

When entitled sexual and reproductive conditions impacting female anatomy result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Breasts - Male Anatomy

Table 16.5 is used to rate impairment from male breast conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled male breast conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Breasts – Female Anatomy

Table 16.6 is used to rate impairment from female breast conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled female breast conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 16.3 - Loss of Function - Sexual and Reproductive - Male Anatomy

Only one rating may be given for each entitled condition from **Table 16.3**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.3**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.3 - Loss of Function - Sexual and Reproductive - Male Anatomy

Rating	Criteria
Nil	• Circumcision; **or** • Varicocele, hydrocele or spermatocele asymptomatic; **or** • Vasectomy* **or** • Erectile Dysfunction not requiring treatment.
One	• Unilateral or bilateral atrophy of the testicle(s)/external gonad(s); **or** • Sexual aversion or arousal disturbance without avoidance of sexual activity.
Four	• Loss of one testicle/external gonad (Orchiectomy); **or** • Peyronie's disease; still capable of penetrative sexual activity; **or** • Varicocele, hydrocele or spermatocele symptomatic; **or** • Erectile dysfunction treated with medications and/or counselling; **or** • Difficulty with ejaculation; **or** • Ejaculatory pain, and able to participate in penetrative sexual activity; **or** • Sexual aversion or arousal disturbance with occasional avoidance of sexual activity.
Nine	• Permanent sterility; **or** • Complete inability to achieve ejaculation*; **or** • Erectile dysfunction treated with intrathecal injection, pumps and/or prothesis; **or** • Genital pain with some response to treatment.
Eighteen	• Ejaculatory pain with inability to participate in penetrative sexual activity; **or** • Peyronie's disease; incapable of penetrative sexual activity; **or** • Erectile dysfunction unresponsive to all treatment*; or • Loss of up to one-half of the penis*; **or** • Sexual aversion or arousal disturbance resulting in complete avoidance of sexual activity.
Twenty-six	• Loss of more than one-half of the penis*; **or** • Bilateral loss of testicles/external gonads*; **or** • Genital pain, severe, persistent, and unresponsive to treatment.

*A separate rating for permanent sterility is not given for these conditions.

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Steps to Determine Sexual and Reproductive Assessment (Male Anatomy)

Step 1: Determine the rating from **Table 16.3** (Loss of Function - Sexual and Reproductive - Male Anatomy).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 16.4 Loss of Function - Sexual and Reproductive - Female Anatomy

Only one rating may be given for each entitled condition from **Table 16.4**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.4 - Loss of Function - Sexual and Reproductive – Female Anatomy

Rating	Criteria
Nil	• Tubal ligation*; **or** • Permanent sterility; onset at or after natural menopause; **or** • Hysterectomy*; post-menopausal; **or** • Unilateral loss of tubal patency.
One	• Dysmenorrhea; **or** • Sexual aversion or arousal disturbance without avoidance of sexual activity.
Four	• Loss of one ovary/internal gonad (oophorectomy); premenopausal; **or** • Heavy bleeding (menorrhagia) and/or irregular bleeding (metrorrhagia) responsive to treatment; **or** • Difficulty in achieving orgasm*; **or** • Vaginal penetration pain and able to participate in vaginal penetrative sexual activity; **or** • Sexual aversion or arousal disturbance with occasional avoidance of sexual activity.
Nine	• Genito-pelvic pain and/or heavy irregular bleeding requiring continuous treatment to control; **or** • Permanent sterility; premenopausal; **or** • Bilateral loss of tubal patency*; premenopausal; **or** • Bilateral salpingectomy* (not carried out for contraceptive purposes); premenopausal; **or** • Hysterectomy*; premenopausal; **or** • Complete inability to achieve orgasm*.
Eighteen	• Vaginal penetration pain with inability to participate in vaginal penetrative sexual activity; **or** • Sexual aversion or arousal disturbance resulting in complete avoidance of sexual activity.
Twenty-six	• Vulvectomy; **or** • Clitoridectomy; **or** • Loss of both ovaries/internal gonads*; premenopausal; **or** • Severe vaginal stenosis; **or** • Genito-pelvic pain (e.g., endometriosis or other causes), severe, persistent, and unresponsive to treatment.

*A separate rating for permanent sterility is not given for these conditions.

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Steps to Determine Sexual and Reproductive Assessment (Female Anatomy)

Step 1: Determine the rating from **Table 16.4** (Loss of Function – Sexual and Reproductive – Female Anatomy).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 16.5 - Other Impairment - Breasts - Male Anatomy

Only one rating may be given for each entitled condition from **Table 16.5**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.5**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.5 - Other Impairment - Breasts – Male Anatomy

Rating	Criteria
Nil	• Lumpectomy; **or** • Gynaecomastia, operated.
One	• Gynaecomastia not operated; **or** • Unilateral mastectomy.
Four	• Bilateral mastectomy; **or** • Persistent mammary discharge.

Steps to Determine Assessment (Breasts – Male Anatomy)

Step 1: Determine the rating from **Table 16.5** (Other Impairment - Breasts – Male Anatomy).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 16.6 - Other Impairment - Breasts - Female Anatomy

Only one rating may be given for each entitled condition from **Table 16.6**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 16.6**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.6 – Other Impairment – Breasts – Female Anatomy

Rating	Criteria
Nil	• Lumpectomy.
Four	• Partial unilateral mastectomy**/**segmental resection; **or** • Unilateral mastectomy with reconstructive surgery; **or** • Persistent mammary discharge.
Nine	• Unilateral mastectomy without reconstructive surgery; **or** • Bilateral mastectomy with reconstructive surgery.
Thirteen	• Radical unilateral mastectomy; **or** • Simple bilateral mastectomy without reconstructive surgery.
Twenty-six	• Radical bilateral mastectomy without reconstruction.

Steps to Determine Assessment (Breasts – Female Anatomy)

Step 1: Determine the rating from **Table 16.6** (Other Impairment - Breasts -Female Anatomy).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment.

Chapter 17
MUSCULOSKELETAL IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled musculoskeletal conditions. The primary function of the musculoskeletal system is the performance of normal body movements with normal strength, speed, co-ordination and endurance to carry out everyday activities.

The chapter is divided into three sections. The first section provides criteria to assess impairment of the upper limbs and musculoskeletal chest conditions. The second section provides criteria to assess impairment of the lower limbs. The third section provides criteria to assess impairment of the spine, pelvis and sacroiliac joints. Each section contains a table to rate osteomyelitis.

Fractures of the bones of the upper and lower limbs that do not involve a joint surface and that have healed without angulation, deformity or shortening, are not considered to cause any permanent impairment and *are assessed at nil*. Similarly, uncomplicated fractures of the clavicle, sternum, scapula and ribs are not considered to cause any permanent impairment and *are assessed at nil*.

Impairment associated with a joint replacement is rated from loss of function criteria and no additional rating is given for the presence of a prosthetic joint.

Peripheral vascular disease is rated within Chapter 13, Hypertension and Vascular Impairment. If amputation occurs as a result of peripheral vascular disease, an additional rating is given using the Amputation Table within this chapter. Ratings from Chapter 13 and the Amputation Table are then **added**.

Varicose vein conditions are rated within Chapter 13, Hypertension and Vascular Impairment. If amputation occurs as a result of varicose vein conditions, a rating is also given using the Amputation Table within this chapter. Ratings from Chapter 13 and the Amputation Table are **compared** and the **highest** selected.

Frostbite, immersion foot and other cold conditions are rated within Chapter 13, Hypertension and Vascular Impairment. If amputation occurs as a result of frostbite, immersion foot and other cold conditions, a rating is also given using the Amputation Table within this chapter. Ratings from Chapter 13 and the Amputation Table are **compared** and the **highest** selected.

Conditions with neurologic involvement that are rated within this chapter include:

- brain injury or disease resulting only in upper or lower limb effects but not both
- spinal cord injury or disease (including central spinal stenosis, but excluding spinal cord injury or disease which affects the function of **both** the upper and lower limbs)
- nerve root compression lesions of the spine
- complex regional pain syndromes Type 1 and Type 2
- compartment syndrome
- thoracic outlet syndrome
- peripheral neurological conditions affecting the limbs which are not rated from **Table 20.5** contained within Chapter 20, Neurological Impairment.

A rating is **not** given from this chapter for the conditions listed below. Each bullet indicates the appropriate chapter to be used.

- Impairment from spinal cord injury or disease which affects the function of both the upper and lower limbs is rated within Chapter 19, Activities of Daily Living.
- Impairment from peripheral vascular conditions is rated within Chapter 13, Hypertension and Vascular Impairment.
- Impairment from pain disorders recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and chronic pain syndrome is rated within Chapter 21, Psychiatric Impairment and Chapter 19, Activities of Daily Living. The ratings are **compared** and the **highest** selected.
- Impairment from musculoskeletal conditions that have global body effects such as rheumatoid arthritis, generalized osteoarthritis and ankylosing spondylitis is rated within Chapter 19, Activities of Daily Living.
- Thoracic outlet syndrome causing vascular impairment only is rated within Chapter 13, Hypertension and Vascular Impairment.
- Impairment from thoracoplasty due to tuberculosis is rated within Chapter 24, Tuberculosis Impairment.
- Impairment from malignant musculoskeletal conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables and Charts

This chapter contains thirteen “Loss of Function” tables and eight “Other Impairment” tables which may be used to rate entitled musculoskeletal conditions. Six reference charts are also included within this chapter. Five of these charts provide values for the optimal position of an ankylosed joint and the average range of motion of joints. One chart describes nerve root compression effects.

The tables and charts within this chapter are:

Table	Loss of Function	Other Impairment
Table 17.1	Loss of Function – Upper Limb	This table is used to rate impairment from musculoskeletal conditions which impact on the function of the upper limb as a whole.
Table 17.2	Loss of Function – Upper Limb - Shoulder	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the shoulder.
Table 17.3	Loss of Function – Upper Limb - Elbow	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the elbow.
Table 17.4	Loss of Function – Upper Limb -Wrist	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the wrist.
Table 17.5	Loss of Function – Upper Limb – Thumb and Fingers.	This table is used to rate impairment from musculoskeltal conditions affecting the active range of motion of the thumb and fingers.
Table 17.6	Other Impairment - Fractures and Miscellaneous Musculoskeletal Conditions Upper Limb and Chest	This table is used to rate impairment from fractures and miscellaneous musculoskeletal conditions of the upper limb and chest.
Table 17.7	Other Impairment - Upper Limb – Amputations	This table is used to rate impairment from upper limb amputations.
Table 17.8	Other Impairment - Osteomyelitis - Upper Limb	This table is used to rate impairment from osteomyelitis of the upper limb.
Table 17.9	Loss of Function - Lower Limb	This table is used to rate impairment from musculoskeletal conditions which impact on the function of the lower limbs as a whole.

Table 17.10	Loss of Function - Lower Limb – Hip	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the hip.
Table 17.11	Loss of Function - Lower Limb – Knee	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the knee.
Table 17.12	Loss of Function - Lower Limb - Ankle	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the ankle.
Table 17.13	Loss of Function - Lower Limb - Feet and Toes	This table is used to rate impairment from musculoskeletal conditions of the feet and toes.
Table 17.14	Other Impairment - Fractures of Lower Limbs	This table is used to rate impairment from fractures of the lower limbs.
Table 17.15	Other Impairment - Lower Limb - Amputations	This table is used to rate impairment from lower limb amputations.
Table 17.16	Other Impairment - Osteomyelitis - Lower Limbs	This table is used to rate impairment from osteomyelitis of the lower limbs.
Table 17.17	Loss of Function - Cervical Spine	This table is used to rate impairment from musculoskeletal conditions affecting the cervical spine.
Table 17.18	Loss of Function - Thoracic Spine	This table is used to rate impairment from musculoskeletal conditions affecting the thoracic spine.
Table 17.19	Loss of Function - Lumbar Spine	This table is used to rate impairment from musculoskeletal conditions affecting the lumbar spine.
Table 17.20	Other Impairment - Coccyx, Pelvis, and Sacroiliac Joints	This table is used to rate impairment from musculoskeletal conditions affecting the coccyx, pelvis and sacroiliac joints.
Table 17.21	Other Impairment - Osteomyelitis - Spine and Pelvis	This table is used to rate impairment from osteomyelitis of the spine and pelvis.
Chart 1	Optimal Position of Joint Ankylosis - Upper Limb	This chart provides values for the optimal position of an ankylosed joint of the upper limb.
Chart 2	Average Range of Joint Motion - Upper Limb	This chart provides values for the average range of motion of specific joints of the upper limb.
Chart 3	Optimal Position of Joint Ankylosis - Lower Limb	This chart provides values for the optimal position of an ankylosed joint of the lower limb.

Chart 4	Average Range of Joint Motion - Lower Limb	This chart provides values for the average range of motion of specific joints of the lower limb.
Chart 5	Average Range of Joint Motion - Spine	This chart is used as a reference with regard to the average range of motion of the cervical, thoracic and lumbar spine.
Chart 6	Nerve Root Compression Syndromes	This chart describes nerve root compression effects.

Range of Motion

The loss of function tables in this chapter are based on **active** (independent) range of motion. The active range of all movements in all joints should be recorded in degrees. Range of motion is measured from the anatomical neutral position in all joints with the exception of supination and pronation of the forearm which is measured from the neutral forearm position (mid supination/pronation). Use of a goniometer is preferred; however, visual assessment of degrees of movement is acceptable. Reference charts are provided indicating normal values for range of motion and optimal position of ankylosis of joints.

In any specific joint, certain movements of that joint are considered functionally more important. This functional importance has been considered and is reflected in the rating tables.

Pain

Ratings in the musculoskeletal impairment tables take into account the presence of pain which may accompany the musculoskeletal impairment and that may limit range of motion or function. In the musculoskeletal tables, pain is considered to be a part of many conditions and is considered to be present in most instances beyond minimal levels of impairment. The presence of pain, when introduced at a particular level in a table, is considered to be a distinguishing factor between rating levels. Once pain is identified to exist, it is considered to be present at successive levels.

Osteomyelitis

A rating is determined from the applicable table for each entitled osteomyelitis condition.

Nerve Root Compression Lesions of the Spine and Spinal Cord Injury or Disease

The following instructions are to be followed when determining ratings for nerve root compression lesions of the spine and/or spinal cord injury or disease.

Cervical Spine

- Nerve root compression lesions due to a cervical spine condition are rated within **Table 17.17** - Loss of Function - Cervical Spine.

- Spinal cord injury or disease at the cervical levels with neurological involvement of the upper limbs is rated within **Table 17.1** - Loss of Function - Upper Limb. If the cervical spine is to be rated, the **Table 17.1** rating is **compared** to the **Table 17.17** – Loss of Function – Cervical Spine rating and the **higher** selected.

- Spinal cord injury or disease at the cervical levels with neurological involvement of **both** the upper and lower limbs is rated within Chapter 19, Activities of Daily Living. If the cervical spine is to be rated, the rating is **compared** to the **Table 17.17** – Loss of Function – Cervical Spine rating and the **highest** selected.

Thoracic Spine

- Nerve root compression lesions due to a thoracic spine condition are rated on individual merits.

- Spinal cord injury or disease at the thoracic levels with neurological involvement of the upper limbs is rated within **Table 17.1** - Loss of Function - Upper Limb. If the thoracic spine is to be rated, the **Table 17.1** rating is **compared** to the **Table 17.18** - Loss of Function - Thoracic Spine rating and the **highest** selected.

- Spinal cord injury or disease at the thoracic levels with neurological involvement of the lower limbs is rated within **Table 17.9** - Loss of Function - Lower Limb. If the thoracic spine is to be rated, the **Table 17.9** rating is **compared** to the **Table 17.18** - Loss of Function - Thoracic Spine rating and the **highest** selected.

- Spinal cord injury or disease at the thoracic levels with neurological involvement of **both** the upper and lower limbs is rated within Chapter 19 - Activities of Daily Living. If the thoracic spine is to be rated, the Chapter 19 rating is **compared** to the **Table 17.18** - Loss of Function - Thoracic Spine rating and the **highest** selected.

Lumbar Spine

- Nerve root compression lesions due to a lumbar spine condition are rated within **Table 17.19** - Loss of Function - Lumbar Spine.

- Spinal cord injury or disease at the lumbar levels with neurological involvement of the lower limbs is rated within **Table 17.9** - Loss of Function - Lower Limb. If the lumbar spine is to be rated, the **Table 17.9** rating is **compared** to the **Table 17.19** - Loss of Function - Lumbar Spine rating and the **highest** selected.

- Cauda equina syndrome is rated on individual merits.

Section 1 - Determining Impairment Assessments of Musculoskeletal Upper Limb and Chest Conditions

When rating impairment of the upper limbs, a higher rating may be appropriate for the dominant upper limb. When applicable, the tables within this section indicate ratings for both the dominant and non-dominant upper limb.

Selection of Tables and Charts

The tables that may be used to rate impairment from musculoskeletal upper limb and chest conditions are:

Table	Loss of Function	Other Impairment
Table 17.1	Loss of Function – Upper Limb	This table is used to rate impairment from musculoskeletal conditions which impact on the function of the upper limb as a whole.
Table 17.2	Loss of Function – Upper Limb - Shoulder	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the shoulder.
Table 17.3	Loss of Function – Upper Limb - Elbow	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the elbow.
Table 17.4	Loss of Function – Upper Limb -Wrist	This table is used to rate impairment from musculoskeletal conditions affecting the active range of motion in the wrist.
Table 17.5	Loss of Function – Upper Limb – Thumb and Fingers.	This table is used to rate impairment from musculoskeltal conditions affecting the active range of motion of the thumb and fingers.

Table 17.6	Other Impairment - Fractures and Miscellaneous Musculoskeletal Conditions Upper Limb and Chest	This table is used to rate impairment from fractures and miscellaneous musculoskeletal conditions of the upper limb and chest.
Table 17.7	Other Impairment - Upper Limb – Amputations	This table is used to rate impairment from upper limb amputations.
Table 17.8	Other Impairment - Osteomyelitis - Upper Limb	This table is used to rate impairment from osteomyelitis of the upper limb.
Chart 1	Optimal Position of Joint Ankylosis - Upper Limb	This chart provides values for the optimal position of an ankylosed joint of the upper limb.
Chart 2	Average Range of Joint Motion - Upper Limb	This chart provides values for the average range of motion of specific joints of the upper limb.

Loss of Function - Upper Limb

Table 17.1 provides criteria for evaluating the ability to use the upper limb as a whole in performing every day activities. Only one rating may be selected for each upper limb. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

This table is used to rate specific conditions which include the following:

- brain injury or disease which affects the function of one or both upper limb(s)
- spinal cord injury or disease which affects the function of one or both upper limb(s)
- complex regional pain syndromes Type 1 and Type 2 of the upper limb(s)
- compartment syndrome of the upper limb(s)
- thoracic outlet syndrome affecting the upper limb(s)
- peripheral neurological conditions affecting the upper limb(s) which are not rated from **Table 20.5** contained within Chapter 20, Neurological Impairment.

In cases of spinal cord injury or disease, refer to the instructions provided in the Introduction of this chapter.

If more than one condition of the same limb is to be rated from **Table 17.1**, the conditions are bracketed for assessment purposes.

When entitled upper limb conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Upper Limb - Shoulder

Table 17.2 is used to rate impairment from musculoskeletal conditions of the shoulder. Only one rating may be selected for each shoulder. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one shoulder condition of the same limb is to be rated from **Table 17.2**, the conditions are bracketed for assessment purposes.

When entitled upper limb shoulder conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Upper Limb - Elbow

Table 17.3 is used to rate impairment from musculoskeletal conditions of the elbow. Only one rating may be selected for each elbow. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one elbow condition of the same limb is to be rated from **Table 17.3**, the conditions are bracketed for assessment purposes.

When entitled upper limb elbow conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Upper Limb - Wrist

Table 17.4 is used to rate impairment from musculoskeletal conditions of the wrist. Only one rating may be selected for each wrist. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one wrist condition of the same limb is to be rated from **Table 17.4**, the conditions are bracketed for assessment purposes.

When entitled upper limb wrist conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Upper Limb - Thumb and Fingers

Table 17.5 is used to rate impairment from musculoskeletal conditions of the thumbs and fingers. One rating may be selected for each digit from **Table 17.5**. If more than one rating is applicable for a single digit, the ratings are **compared** and the **highest** selected.

If more than one condition of a single digit is entitled, the conditions are bracketed for assessment purposes.

When entitled upper limb thumb and finger conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Fractures and Miscellaneous Musculoskeletal Conditions of the Upper Limb and Chest

Table 17.6 is used to rate impairment from fractures and miscellaneous musculoskeletal conditions of the upper limb and chest. One rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

If a fracture is intra-articular, the applicable joint table is also used to rate the impairment.

When entitled fractures and miscellaneous musculoskeletal conditions of the upper limb and chest result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Upper Limb Amputations

Table 17.7 is used to rate impairment from upper limb amputations.

All amputations of the upper limb, regardless of the cause of the amputation (eg. vascular, trauma or infection), are rated from this table.

When previously entitled conditions are later removed by a newly entitled amputation, the new rating is based on **Table 17.7** - Other Impairment - Upper Limb Amputations. However, in rare cases, if there is more than one entitled condition of an upper limb, the sum of the ratings could be higher than the amputation rating. In these cases, the ratings for the previously entitled conditions that applied immediately prior to the amputation are to be maintained.

When a non-entitled amputation removes a previously entitled condition(s), the rating for the entitled condition(s) that applied immediately prior to the amputation is to be maintained.

When entitled upper limb amputations result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Osteomyelitis - Upper Limb

Table 17.8 is used to rate impairment from osteomyelitis of the upper limb. One rating may be selected for each area of osteomyelitis. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

When entitled osteomyelitis of the upper limb results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Tables, Steps and Charts

Table 17.1 - Loss of Function - Upper Limb

Only one rating may be given for each upper limb from **Table 17.1.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.1**, follow the "**ands**" and "**ors**".

Table 17.1 - Loss of Function - Upper Limb

Dominant Rating	Non-Dominant Rating	Criteria
Nil	**Nil**	• Can use limb efficiently for feeding, dressing, writing and other daily tasks.
Two	**One**	• Can use limb efficiently for normal tasks but with excessive fatigue and/or pain towards the end of the day; **or** • Has paresthesias and/or numbness.
Four	**Two**	• Can use limb efficiently for normal tasks but with excessive fatigue and/or pain occurring within 1hour.

Nine	**Four**	• Can use limb reasonably well in **most** circumstances but frequent difficulties are manifested by: - minor loss of digital dexterity causing handwriting changes, or difficulty in manipulation of small or fine objects, e.g. tying shoelaces or setting a watch; **or** - minor loss of grip strength causing difficulty in gripping moderately heavy to heavy objects such as full saucepans, buckets and watering cans; **or** • Can use limb efficiently for normal tasks with excessive fatigue and/or pain occurring within 10 minutes.
Thirteen	**Nine**	• Can use limb reasonably well in **most** circumstances, but frequent difficulties are manifested by: - minor loss of digital dexterity causing handwriting changes, or difficulty in manipulation of small or fine objects e.g. tying shoelaces or setting a watch; **and** - minor loss of grip strength causing difficulty in gripping moderately heavy to heavy objects such as full saucepans, buckets and watering cans.
Twenty-one	**Thirteen**	• Can use limb reasonably well in **some** circumstances, but with more noticeable difficulty manifested by: - moderate loss of digital dexterity causing difficulty in manipulation of larger objects such as turning door handles; **and/or** - major loss of grip strength causing difficulty in gripping light objects such as knives, forks, cups, toothbrushes, etc.
Thirty-four	**Twenty-one**	• Uses limb inefficiently in **all** circumstances. Use of limb subject to major limitations; capable of light grip only. Multiple aids may be required for every day activities such as writing and eating.
Thirty-four	**Thirty-four**	• Intractable pain*.
Fifty-two	**Thirty-nine**	• Unable to use limb at all for self-care or daily activities. Limb is essentially useless.

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine the Upper Limb Musculoskeletal Assessment

Step 1: Determine the rating from **Table 17.1** (Loss of Function - Upper Limb)**.**

Note: **Table 17.1** is used to rate specific conditions which include the following:

- brain injury or disease which affects the function of one or both upper limb(s)
- spinal cord injury or disease which affects the function of one or both upper limb(s)
- complex regional pain syndromes Type 1 and Type 2 of the upper limb(s)
- compartment syndrome of the upper limb(s)
- thoracic outlet syndrome affecting the upper limb(s)
- peripheral neurological conditions affecting the upper limb(s) which are not rated from **Table 20.5** contained within Chapter 20, Neurological Impairment.

If more than one entitled upper limb condition in a single limb is to be assessed from **Table 17.1**, the conditions must be bracketed.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to Step 1 rating.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 17.2 - Loss of Function - Upper Limb - Shoulder

Only one rating may be given for each shoulder from **Table 17.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 17.2, follow the "**ands**" and "**ors**".

Table 17.2 - Loss of Function - Upper Limb – Shoulder

Dominant Rating	Non-dominant Rating	Criteria
Nil	**Nil**	• Normal range of motion without pain.
Four	**Two**	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	**Four**	• Flexion + extension no more than 150°; **or** • Internal rotation + external rotation no more than 130°; **or** • Abduction + adduction no more than 175°.
Thirteen	**Nine**	• Internal rotation + external rotation no more than 50°; **and** • No abduction beyond 90°.
Twenty-one	**Thirteen**	• Flexion + extension no more than 40°; **and** • Internal rotation + external rotation no more than 30°; **and** • No abduction beyond 60°.
Twenty-six	**Twenty-three**	• Flexion + extension no more than 20°; **and** • Internal rotation + external rotation no more than 15°; **and** • No abduction beyond 25°.
Thirty-four	**Twenty-six**	• Ankylosis in position of function.
Fifty-two	**Forty-five**	• Ankylosis in an unfavourable position; **or** • A flail* joint.

* **Flail joint** is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine Musculoskeletal Assessment - Shoulder

Step 1: Determine the rating from **Table 17.2** (Loss of Function - Upper Limb-Shoulder).

Note: If more than one shoulder condition in a single upper limb is to be rated, *conditions must be bracketed*.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.3 - Loss of Function - Upper Limb - Elbow

Only one rating may be given for each elbow from **Table 17.3.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.3**, follow the "**ands**" and "**ors**".

Table 17.3 - Loss of Function - Upper Limb – Elbow

Dominant Rating	Non-dominant Rating	Criteria
Nil	**Nil**	• Normal range of motion without pain.
Four	**Two**	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	**Four**	• No flexion beyond 100°; **or** • Loss of 10° of extension; **or** • Pronation plus supination no more than 30°.
Thirteen	**Nine**	• No flexion beyond 75°; **and** • Loss of 30° of extension; **or** • Complete loss of pronation and supination.
Twenty-one	**Thirteen**	• No flexion beyond 60°; **and** • Loss of 45° of extension.
Twenty-six	**Twenty-three**	• Ankylosis in position of function.
Thirty-four	**Twenty-six**	• Ankylosis in an unfavourable position; **or** • A flail* joint.

*__Flail joint__ is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine the Musculoskeletal Assessment Elbow

Step 1: Determine the rating from **Table 17.3** (Loss of Function - Upper Limb - Elbow).

Note: If more than one entitled elbow condition in a single upper limb is to be rated from **Table 17.3**, conditions must be bracketed.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.4 - Loss of Function - Upper Limb - Wrist

Only one rating may be given for each wrist from **Table 17.4.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.4**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.4 - Loss of Function - Upper Limb – Wrist

Dominant Rating	Non-dominant Rating	Criteria
Nil	**Nil**	• Normal range of motion without pain.
Four	**Two**	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	**Four**	• Palmar flexion no more than 15°; **or** • Dorsiflexion no more than 25°.
Thirteen	**Nine**	• Palmar flexion no more than 10°; **or** • Dorsiflexion no more than 10°.
Eighteen	**Twelve**	• Ankylosis in position of function.
Twenty-one	**Fifteen**	• Ankylosis in an unfavourable position; **or** • A flail* joint.

*__Flail joint__ is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine Musculoskeletal Assessment Wrist

Step 1: Determine the rating from **Table 17.4** (Loss of Function - Upper Limb - Wrist).

Note: If more than one entitled wrist condition in a single limb is to be rated from **Table 17.4**, conditions must be bracketed.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.5 - Loss of Function - Upper Limb - Thumb and Fingers

Only one rating may be given for each digit from **Table 17.5**. If more than one rating is applicable for a single digit, the ratings are **compared** and the **highest** selected.

Each bullet (·) in **Table 17.5** represents one criterion. In order for a rating to be established for **Table 17.5**, all criteria designated at that rating level must be met.

Table 17.5 - Loss of Function - Thumb and Fingers

Thumb		
Dominant Rating	**Non-dominant Rating**	**Criteria**
One	**Nil**	• Reduced range of motion **and/or** painful range of motion of the interphalangeal (IP) joint, **and/or** of the metacarpophalangeal (MCP) joint **and/or** of the carpometacarpal (CMC) joint.
Two	**One**	• Ankylosis in a favourable position of function of **one** or **two** of the following joints: IP, MCP, CMC.
Thirteen	**Thirteen**	• Ankylosis in an unfavourable position of function of **one** or **two** of the following joints: IP, MCP, CMC; **or** • Ankylosis in a favourable position of function of **all** of the following joints: IP, MCP, CMC.
Eighteen	**Eighteen**	• Ankylosis in an unfavourable position of function of **all** of the following joints: IP, MCP, CMC.
Index or Middle Finger		
Dominant Rating	**Non-dominant Rating**	**Criteria**
One	**Nil**	• Reduced range of motion **and/or** painful range of motion of the distal interphalangeal (DIP) joint, **and/or** of the proximal interphalangeal (PIP) joint **and/or** of the MCP joint.
Two	**One**	• Ankylosis in a favourable position of function of **one** or **two** of the following joints: DIP, PIP, MCP.
Five	**Three**	• Ankylosis in an unfavourable position of function of **one** or **two** of the following joints: DIP, PIP, MCP; **or** • Ankylosis in a favourable position of function of **all** of the following joints: DIP, PIP, MCP.
Nine	**Four**	• Ankylosis in an unfavourable position of function of **all** of the following joints: DIP, PIP, MCP.

Ring or Little Finger		
Dominant Rating	**Non-dominant Rating**	**Criteria**
Nil	**Nil**	• Reduced range of motion **and/or** painful range of motion of the DIP joint, **and/or** of the PIP joint **and/or** the MCP joint.
One	**Nil**	• Ankylosis in a favourable position of function of **one** or **two** of the following joints: DIP, PIP, MCP.
Two	**One**	• Ankylosis in an unfavourable position of function of **one** or **two** of the following joints: DIP, PIP, MCP; **or** • Ankylosis in a favourable position of function of **all** of the following joints: DIP, PIP, MCP.
Three	**Two**	• Ankylosis in an unfavourable position of function of **all** of the following joints: DIP, PIP, MCP.

Steps to Determine Musculoskeletal Assessment - Thumb and Fingers

Step 1: Determine the rating from **Table 17.5** (Loss of Function - Upper Limb - Thumb and Fingers).

Note: **One** rating may be selected for **each** digit from **Table 17.5.** However, if more than one condition in a single digit is entitled, the conditions must be bracketed for assessment purposes. The applicable ratings are **compared** and the **highest** selected.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 17.6 - Other Impairment - Fractures and Miscellaneous Musculoskeletal Conditions of the Upper Limb and Chest

Only one rating may be given for each entitled condition from **Table 17.6**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.6**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.6 - Other Impairment - Fractures and Miscellaneous Musculoskeletal Conditions of the Upper Limb and Chest

Rating	Criteria
Nil	• Fractures of the sternum, ribs, scapula, clavicle, humerus, ulna, radius, carpal bones, metacarpal bones, and phalanges which are non-articular and well healed, with no deformity, angulation or non-union; **or** • Costochondral separations.
One	• Long head of the biceps tendon rupture; **or** • Fracture of the clavicle with disfigurement; **or** • Fracture of the metacarpal bones or phalanges with deformity or angulation.
Two	• Costochondritis/Tietze's syndrome with intermittent discomfort/pain.
Three	• Fracture of the humerus, radius or ulna with deformity or angulation.
Four	• Scapula body fracture with malalignment resulting in painful scapulothoracic crepitus; **or** • Costochondritis/Tietze's syndrome with persistent discomfort/pain.

Fractures that result in non-union will be assessed on individual merits.

Steps to Determine Assessment - Fractures and Miscellaneous Musculoskeletal Conditions Upper Limb and Chest

Step 1: Determine the rating from **Table 17.6** (Other Impairment - Fractures and Miscellaneous Conditions Upper Limb and Chest).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.7 - Other Impairment - Upper Limb - Amputations

Only one rating may be given for each entitled amputation condition or combination of entitled amputation conditions from **Table 17.6**. If more than one rating is applicable for an entitled condition or combination of entitled amputation conditions, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.7**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.7 - Other Impairment - Upper Limb Amputations

Rating	Criteria
Little Finger	
One **Two** **Three**	• Amputation one phalanx of little finger. • Amputation of two phalanges of little finger. • Amputation of three phalanges of little finger.
Ring Finger	
One **Two** **Four**	• Amputation of one phalanx of ring finger. • Amputation of two phalanges of ring finger. • Amputation of three phalanges of ring finger.
Middle Finger	
Two **Four** **Nine**	• Amputation of one phalanx of middle finger. • Amputation of two phalanges of middle finger. • Amputation of three phalanges of middle finger.
Index Finger	
Three **Six** **Nine**	• Amputation of one phalanx of index finger. • Amputation of two phalanges of index finger. • Amputation of three phalanges of index finger.
Thumb	
Nine **Thirteen** **Eighteen**	• Amputation of one phalanx. • Amputation of two phalanges of thumb. • Amputation of two phalanges of thumb plus metacarpal.
Other	
Nine	• Amputation of ring and little fingers.

Twenty-one	• Amputation of index and middle fingers; **or** • Amputation of middle, ring and little finger.
Twenty-six	• Amputation of index, middle and ring fingers; **or** • Amputation of thumb and index finger; **or** • Amputation of thumb and middle finger.
Thirty-four	• Loss of two thumbs at MCP joint.
Thirty-nine	• Loss of two thumbs with metacarpal bones; **or** • Amputation of index, middle, ring and little fingers; **or** • Amputation of thumb, index and middle fingers.
Forty-three	• Amputation of thumb, index, middle and ring fingers.
Fifty-two	• Amputation of thumb at MCP joint and all fingers; **or** • Mid-carpal amputation; **or** • Mid-metacarpal amputation; **or** • Disarticulation at wrist joint.
Sixty-one	• Amputation of forearm from above disarticulation at wrist up to 7.5 cm below the tip of the olecranon process.
Sixty-eight	• Amputation of forearm less than 7.5 cm below the tip of the olecranon process to loss of arm below the level of the insertion of the deltoid muscle.
Seventy-one	• Amputation above the insertion of the deltoid muscle; **or** • Disarticulation at shoulder.
Seventy-six	• Forequarter* amputation.
Eighty-five	• Loss of all fingers (including thumbs), or all but one, on both hands.

***Forequarter amputation** is an amputation of the entire shoulder joint with excision of a portion of the scapula as well as the clavicle.

Amputations not included in this table will be rated on individual merits.

Steps to Determine Musculoskeletal Assessment
Upper Limb Amputations

Step 1: Determine the rating from **Table 17.7** (Other Impairment - Upper Limb-Amputations).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating(s) at Step 1.

Step 3: Determine the Quality of Life rating(s).

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating(s) at Step 4.

This is the Disability Assessment.

Table 17.8 - Other Impairment - Osteomyelitis - Upper Limb

One rating may be given for each area of osteomyelitis of the upper limb from **Table 17.8**. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.8**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.8 - Other Impairment - Osteomyelitis - Upper Limb

Rating	Criteria
One	• Single episode of osteomyelitis arrested with treatment; no residual effects.
Four	• Repeated exacerbations of osteomyelitis in the past 5 years without chronic pain, bone loss, sinus tract formation, or persistent drainage.
Nine	• Chronic osteomyelitis with chronic pain and/or local bone loss.
Thirteen	• Chronic osteomyelitis with sinus tract formation and persistent drainage.

Steps to Determine Osteomyelitis of the Upper Limb

Step 1: Determine the rating from **Table 17.8** (Other Impairment Upper Limb - Osteomyelitis).

Note: One rating may be given for each entitled area of osteomyelitis in the upper limb. The steps must be repeated for each area entitled.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Chart 1 - Optimal Position of Ankylosis of Joints - Upper Limb

The following values are a guide. The actual position of a surgical joint ankylosis may vary depending on the judgement of the surgeon taking into account the particular needs and circumstances of the Member/Veteran/Client**.**

Chart 1 - Optimal Position of Ankylosis of Joints - Upper Limb

Joint		Optimal Position of Ankylosis
Shoulder		Gleno-humeral joint at 45° of abduction with forward elevation of 30° **and** external rotation of 20°.
Elbow		90 - 100° of flexion.
Wrist		25 - 30° of dorsiflexion without any ulnar or radial deviation.
Thumb	**IP** **MCP** **CMC**	20° of flexion. 25° of flexion. The metacarpal in opposition.
Fingers	**DIP** **PIP** **MCP**	15 - 20° of flexion. 40 - 50° of flexion. 20 - 30° of flexion.

Chart 2 - Average Range of Joint Motion - Upper Limb

All measurements in Chart 2 below are determined from an anatomical neutral position with the exception of supination and pronation of the forearm which are measured from the mid forearm neutral position.

Chart 2 - Average Range of Joint Motion - Upper Limb

Joint		Movement	Range of Movement
Shoulder		Abduction Flexion (forward elevation) External rotation Adduction Extension (backward elevation) Internal rotation	180° 170° 90° 45° 30° 90°
Elbow		Flexion Supination Extension Pronation	140° 80° 0° 80°
Wrist		Extension (dorsiflexion) Ulnar deviation Flexion (palmar flexion) Radial deviation	60° 30° 70° 20°
Thumb	**IP** **MCP** **CMC**	Flexion Extension Flexion Extension Abduction Adduction Opposition	90° 20° 50° 0° 70° 0° Thumb to Fingers
Fingers	**DIP** **PIP** **MCP**	Flexion Extension Flexion Extension Flexion Extension	45 - 90° 0 - 20° 100° 0° 90° 30 - 45°

Section 2 - Determining Impairment Assessments of Musculoskeletal Lower Limb Conditions

Selection of Tables

The tables that may be used to rate impairment from musculoskeletal lower limb conditions are:

Table	Loss of Function	Other Impairment
Table 17.9	Loss of Function - Lower Limb	This table is used to rate impairment from musculoskeletal conditions which impact on the function of the lower limbs as a whole.
Table 17.10	Loss of Function - Lower Limb – Hip	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the hip.
Table 17.11	Loss of Function - Lower Limb – Knee	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the knee.
Table 17.12	Loss of Function - Lower Limb - Ankle	This table is used to rate impairment from musculoskeletal conditions which affect the active range of motion of the ankle.
Table 17.13	Loss of Function - Lower Limb - Feet and Toes	This table is used to rate impairment from musculoskeletal conditions of the feet and toes.
Table 17.14	Other Impairment - Fractures of Lower Limbs	This table is used to rate impairment from fractures of the lower limbs.
Table 17.15	Other Impairment - Lower Limb - Amputations	This table is used to rate impairment from lower limb amputations.
Table 17.16	Other Impairment - Osteomyelitis - Lower Limbs	This table is used to rate impairment from osteomyelitis of the lower limbs.
Chart 3	Optimal Position of Joint Ankylosis - Lower Limb	This chart provides values for the optimal position of an ankylosed joint of the lower limb.
Chart 4	Average Range of Joint Motion - Lower Limb	This chart provides values for the average range of motion of specific joints of the lower limb.

Loss of Function - Lower Limb

Table 17.9 provides criteria for evaluating the ability to use the lower limbs as a functional unit for performing every day activities such as walking and standing. Only one rating may be selected for the lower limbs as a unit. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

This table is used to rate specific conditions which include the following:

- brain injury or disease which affects the function of one or both lower limb(s)
- spinal cord injury or disease which affects the function of one or both lower limb(s)
- complex regional pain syndromes Type 1 and Type 2 of the lower limb(s)
- compartment syndrome of the lower limb(s)
- peripheral neurological conditions affecting the lower limb(s) which are not rated from **Table 20.5** contained within Chapter 20, Neurological Impairment.

In cases of spinal cord injury or disease, refer to the instructions provided in the introduction of this chapter.

If more than one condition of the lower limb(s) is to be rated from **Table 17.9**, the conditions are bracketed for assessment purposes.

When entitled lower limb conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lower Limb - Hip

Table 17.10 is used to rate impairment from musculoskeletal conditions of the hip. Only one rating may be selected for each hip. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one hip condition of the same limb is to be rated from **Table 17.10**, the conditions are bracketed for assessment purposes.

When entitled lower limb hip conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lower Limb - Knee

Table 17.11 is used to rate impairment from musculoskeletal conditions of the knee. Only one rating may be selected for each knee. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one knee condition of the same limb is to be rated from **Table 17.11**, the conditions are bracketed for assessment purposes.

When entitled lower limb knee conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lower Limb - Ankle

Table 17.12 is used to rate impairment from musculoskeletal conditions of the ankle. Only one rating may be selected for each ankle. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one ankle condition of the same limb is to be rated from **Table 17.12**, the conditions are bracketed for assessment purposes.

When entitled lower limb ankle conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lower Limb - Feet and Toes

Table 17.13 is used to rate impairment from musculoskeletal conditions of the feet and toes. Only one rating may be selected **for each foot** from **Table 17.13.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one foot and/or toe condition of the same limb is to be rated from **Table 17.13**, the conditions are bracketed for assessment purposes.

When entitled lower limb feet and toe conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Fractures of Lower Limbs

Table 17.14 is used to rate impairment from fractures of the lower limbs. One rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

If a fracture is intra-articular, the applicable joint table is also used to rate the impairment.

When entitled fractures of the lower limbs result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Lower Limb - Amputations

Table 17.15 is used to rate impairment from lower limb amputations. All lower limb amputations regardless of the cause (e.g. vascular, trauma, or infection), are rated from this table. Only one rating may be selected for each lower limb from **Table 17.15**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When previously entitled conditions are later removed by a newly entitled amputation, the new rating is based on **Table 17.15** - Other Impairment - Lower Limb - Amputations. However, in rare cases, if there is more than one entitled condition of a lower limb, the sum of the ratings could be higher than the amputation rating. In these cases, the ratings for the previously entitled conditions that applied immediately prior to the amputation are to be maintained.

When entitled lower limb amputations result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

When a non-entitled amputation removes a previously entitled condition(s), the rating for the entitled condition(s) that applied immediately prior to the amputation is to be maintained.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Osteomyelitis - Lower Limbs

Table 17.16 is used to rate impairment from osteomyelitis of the lower limbs. One rating may be selected for each area of osteomyelitis. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

When entitled osteomyelitis of the lower limbs result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Tables, Steps and Charts

Table 17.9 - Loss of Function - Lower Limb

Only one rating may be given for the lower limbs as a functional unit from **Table 17.9.** When more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.9**, follow the "**ands**" and "**ors**".

Table 17.9 - Loss of Function - Lower Limb

Rating	Criteria
Nil	• Walks in a manner normal for age on a variety of different terrains and at varying speeds.
Two	• Has paresthesias and/or numbness of one or both legs.
Four	• Can rise to a standing position unaided and walks at normal pace on flat ground but with intermittent difficulty on steps and uneven ground; **or** • Has intermittent pain of one or both legs.
Nine	• Walks at a normal pace on flat ground, but has constant difficulty going up and down steps or over uneven ground; **or** • Unable to rise from a sitting position without the assistance of both hands; **or** • Daily pain of one or both legs; **or** • Pain restricts walking to 500 m or less.
Eighteen	• Walks at reduced pace on flat ground, and requires routine use of a cane or crutch and is unable to manage either stairs or ramps without rails; **or** • Pain restricts walking to 250 m or less.
Twenty-one	• Walks at reduced pace on flat ground, and requires routine use of a cane or a crutch; **and** - one or both legs give way frequently, resulting in falls; **or** - is unable to negotiate stairs without personal assistance; **or** • Pain restricts walking to 100 m or less.
Thirty-four	• Intractable pain*.
Fifty-two	• Restricted to walking in and around home; **and** - requires quad stick, crutches, pick-up frame or similar walking aid; **or** - is unable to transfer** without personal assistance.
Eighty-one	• Unable to walk or stand. Mobile only in a wheelchair.

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.
**Transfer means, for example, to move from one seat to another, from sitting to standing, on and off the toilet, in and out of bed.

Steps to Determine the Musculoskeletal Assessment Lower Limb

Step 1: Determine the rating from **Table 17.9** (Loss of Function - Lower Limb)

Note: This table is used to rate specific conditions which include but are not limited to the following:

- brain injury or disease which affects the function of one or both lower limb(s)
- spinal cord injury or disease which affects the function of one or both lower limb(s)
- complex regional pain syndromes Type 1 and Type 2 affecting the lower limb(s)
- compartment syndrome conditions of the lower limb(s)
- peripheral neurological conditions of the lower limb(s) which are not rated from **Table 20.5** contained in Chapter 20, Neurological Impairment.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

(Table 17.10 modified November 2006)

Table 17.10 - Loss of Function - Lower Limb - Hip

Only one rating may be given for each hip from **Table 17.10**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.10**, follow the "**ands**" and "**ors**".

Table 17.10 – Loss of Function – Lower Limb – Hip

Rating	Criteria
Nil	• Normal range of motion without pain.
Four	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Thirteen	• Loss of about one-quarter normal range of movement.
Twenty-six	• Loss of about one-half normal range of motion.
Thirty-six	• Loss of about three-quarters normal range of motion.
Forty-three	• Ankylosis in position of function.
Fifty-two	• Ankylosis in unfavourable position; **or** • A flail* joint.

***Flail joint** is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine the Musculoskeletal Assessment - Hip

Step 1: Determine the rating from **Table 17.10** (Loss of Function - Lower Limb - Hip).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.11 - Loss of Function - Lower Limb - Knee

Only one rating may be given for each knee from Table **17.11**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.11**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.11 - Loss of Function - Lower Limb – Knee

Rating	Criteria
Nil	• Normal range of motion without pain.
Four	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	• Intermittent effusions; **or** • Loss of 15° or more of flexion.
Thirteen	• Knee unstable* on clinical exam; **or** • Loss of 10° of extension; **or** • Flexion no more than 90°.
Eighteen	• Loss of 15° of extension; **or** **Two** of the following: • Knee unstable* on clinical exam • Loss of 10° of extension • Flexion no more than 90°.
Twenty-six	All **three** of the following: • Knee unstable* on clinical exam • Loss of 10° of extension • Flexion no more than 90°
Thirty-four	• Ankylosis in position of function.
Forty-three	• Ankylosis in an unfavourable position; **or** • A flail** joint

*A clinically unstable knee describes a knee joint that is demonstrated to be unstable by a physician on clinical or operative examination.

**Flail joint is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine the Musculoskeletal Assessment - Knee

Step 1: Determine the rating from **Table 17.11** (Loss of Function - Lower Limb - Knee).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.12 - Loss of Function - Lower Limb - Ankle

Only one rating may be given for each ankle from Table **17.12**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.12**, follow the "**ands**" and "**ors**".

Table 17.12 - Loss of Function – Ankle

Rating	Criteria
Nil	• Normal range of motion without pain.
Two	• Recurrent sprains of ankle.
Four	• Essentially normal range of motion but pain now present on a daily basis and/or with movement.
Nine	• Dorsiflexion no more than 10°; **or** • Plantar flexion no more than 15°; **or** • Ankle unstable* on clinical exam.
Thirteen	• Dorsiflexion no more than 5°; **and** • Plantar flexion no more than 10°.
Eighteen	
Twenty-six	• Anklylosis in an unfavourable position; **or** • A flail** joint.

A ***clinically *unstable*** ankle describes an ankle joint that is demonstrated to be unstable by a physician on clinical or operative examination.

****Flail joint** is a joint exhibiting abnormal and paradoxical mobility.

Steps to Determine the Musculoskeletal Assessment - Ankle

Step 1: Determine the rating from **Table 17.12** (Loss of Function - Lower Limb-Ankle).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.13 - Loss of Function - Lower Limb - Feet and Toes

Table 17.13 is used to rate impairment from musculoskeletal conditions of the feet and toes. Only one rating may be given for each foot from **Table 17.13** for any musculoskeletal condition or combination of conditions. If more than one rating is applicable for a foot, the ratings are **compared** and the **highest** selected.

All conditions listed in **Table 17.13** refer to unilateral conditions.

Conditions rated in **Table 17.13** include, but are not limited to:

- pes planus
- pes cavus
- plantar callus
- hammer toes
- claw toe
- mallet toe
- hallux valgus
- hallux rigidus
- turf toe
- sesamoid dysfunction
- metatarsalgia
- plantar fasciitis
- calcaneal spur
- heel pad syndrome
- subcalcaneal pain syndrome
- retrocalcaneal bursitis
- Morton’s neuroma
- tendonitis of the foot including anterior fibular, posterior tibial, flexor hallucis longus and peroneal tendons
- ligamentous injury of the foot
- osteoarthritis of any joint of the foot or toes
- bursitis of the foot
- fractures of the phalanges resulting in ankyloses
- subtalar joint osteoarthritis.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.13**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.13 - Loss of Function - Lower Limb - Feet and Toes

Rating	Criteria
Nil	• Any included condition with no symptoms; **or** • Incomplete loss of range of motion of any toe; **or** • Ankylosis of 2nd, 3rd, 4th or 5th toe in favourable position.
One	• Ankylosis in an unfavourable position of one toe (2nd, 3rd, 4th, or 5th).
Two	• Any included condition with intermittent symptoms, with or without treatment; **or** • Ankylosis in an unfavourable position of two toes (2nd, 3rd, 4th, or 5th); **or** • Ankylosis of IP joint great toe in favourable position; **or** • Loss of range of motion in the subtalar joint.
Three	• Ankylosis in an unfavourable position of three toes (2nd, 3rd, 4th, or 5th).
Four	• Any included condition with mild to moderate daily symptoms, with or without treatment; **or** • Ankylosis in an unfavourable position of four toes (2nd, 3rd, 4th, and 5th); **or** • Ankylosis of IP joint great toe in unfavourable position; **or** • Ankylosis of MTP joint great toe in favourable position; **or** • Ankylosis of subtalar joint in favourable position.
Seven	• Ankylosis MTP joint great toe in an unfavourable position; **or** • Any included condition with persistent, severe symptoms despite regular treatment*.

Ankylosis of the subtalar joint in an unfavourable position of function is rated on individual merits.

***Treatment includes use of orthotic devices and use of medications.**

Steps to Determine the Musculoskeletal Assessment - Feet and Toes

Step 1: Determine the rating from **Table 17.13** (Loss of Function - Lower Limb - Feet and Toes).

Note: If more than one foot and/or toe condition of a single limb is entitled and requires assessment all entitled conditions of that foot are bracketed together. All applicable ratings are **compared** and the **highest** selected.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.14 - Other Impairment - Fracture of the Lower Limbs

Only one rating may be given for each entitled condition from **Table 17.14.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.14**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.14 - Other Impairment- Fracture of the Lower Limbs

Rating	Criteria
Nil	• Fractures of femur, tibia, fibula, calcaneus, tarsals, metatarsals or phalanges which are non-articular and well healed, with no deformity, angulation or non-union; **or** • Fractures resulting in shortening of the leg less than 2.5 cm.
One	• Fracture of the calcaneus, tarsals or metatarsals with deformity or angulation.
Three	• Fracture of the femur, tibia, or fibula with deformity or angulation.
Seven	• Fracture resulting in shortening of the leg from 2.5 cm - 7.4 cm.
Thirteen	• Fracture resulting in shortening of the leg from 7.5 cm - 13 cm.

Fractures that result in non-union will be assessed on individual merits.

Fractures of the phalanges resulting in ankylosis will be assessed in Table 17.13.

Steps to Determine Musculoskeletal Assessment
Fractures Lower Limb

Step 1: Determine the rating from **Table 17.14** (Other Impairment - Fractures Lower Limbs).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.15 - Other Impairment - Lower Limb - Amputations

Table 17.15 is used to rate impairment from lower limb amputations.

Only one rating may be given for each lower limb from **Table 17.15** for entitled amputations. If more than one rating is applicable, the ratings are **compared** and the **highest** is selected.

Each bullet (•) in **Table 17.15** represents one criterion. Only one criteria must be met at a particular level in **Table 17.15** in order for that rating to be selected.

Table 17.15 – Other Impairment – Lower Limb – Amputations

Rating	Criteria
Two	• Amputation at DIP, PIP or MTP joint of a single toe other than the great toe.
Four	• Amputation at IP joint great toe; **or** • Amputation of 2 to 4 toes on foot excluding the great toe.
Seven	• Amputation of the great toe.
Thirteen	• Amputation of the great toe and one other toe on one foot.
Eighteen	• Amputation of the great toe and 2 or more other toes on one foot; or • Mid-metatarsal amputation.
Twenty-six	• Mid-tarsal amputation.
Forty-three	• Amputation at the ankle; **or** • Amputation below the knee with stump of 11.5 cm or greater.
Fifty-two	• Amputation below the knee with stump of less than 11.5 cm; **or** • Amputation through the knee joint.
Sixty-one	• Amputation above the knee (lower 1/3 of thigh).
Sixty-three	• Amputation above the knee (middle 1/3 of thigh).
Sixty-eight	• Amputation above the knee (upper 1/3 of thigh).
Seventy-six	• Disarticulation at the hip joint; **or** Hind quarter* amputation; **or** • Hemipelvectomy.

***Hind quarter** amputation is an amputation of the entire hip joint as well as a portion of the pubic rami and a portion of the ischial tuberosity.

Amputations not included in this table will be rated on individual merits.

Steps to Determine Musculoskeletal Assessment - Lower Limb Amputations

Step 1: Determine the rating from **Table 17.15** (Other Impairment - Lower Limb - Amputations).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 17.16 - Other Impairment - Osteomyelitis - Lower Limb

One rating may be given for each area of osteomyelitis of the lower limb from **Table 17.16**. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.16**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.16 – Other Impairment – Osteomyelitis – Lower Limb

Rating	Criteria
One	• Single episode of osteomyelitis arrested with treatment; no residual effects.
Four	• Repeated exacerbations of osteomyelitis in the past 5 years without chronic pain, bone loss, sinus tract formation, or persistent drainage.
Nine	• Chronic osteomyelitis with chronic pain and/or local bone loss.
Thirteen	• Chronic osteomyelitis with sinus tract formation and persistent drainage.

Steps to Determine the Lower Limb Osteomyelitis Assessment

Step 1: Determine the rating from **Table 17.16** (Other Impairment - Lower Limb Osteomyelitis).

Note: One rating may be given for each entitled area of osteomyelitis of the lower limbs. The steps must be repeated for each area entitled.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Chart 3 - Optimal Position of Joint Ankylosis - Lower Limb

The following values are a guide. The actual position of a surgical joint ankylosis may vary depending on the judgement of the surgeon taking into account the particular needs and circumstances of the Member/Veteran/Client.

Chart 3 - Optimal Position of Joint Ankylosis - Lower Limb

Joint	Optimal Position of Ankylosis
Hip	25 - 30° of flexion, 0 - 10° external rotation, 2 - 5° of adduction.
Knee	10 - 15° flexion with good alignment.
Ankle	The neutral position without flexion, extension, varus or valgus.

Chart 4 - Average Range of Motion of Joints - Lower Limb

Chart 4 - Average Range of Motion of Joints - Lower Limb

Joint	Movement	Range of Movement
Hip	Flexion Abduction Internal rotation Extension Adduction External rotation	120° 40° 30° 30° 20° 45°
Knee	Flexion Extension	130° 0°
Ankle	Dorsiflexion Inversion Plantar flexion Eversion	25° 30° 40° 20°

Section 3 – Determining Impairment Assessments of Musculoskeletal Spine, Pelvis and Sacroiliac Joints

Selection of Tables

The tables that may be used to rate impairment from musculoskeletal spine, pelvis and sacroiliac joint conditions are:

Table	Loss of Function	Other Impairment
Table 17.17	Loss of Function - Cervical Spine	This table is used to rate impairment from musculoskeletal conditions affecting the cervical spine.
Table 17.18	Loss of Function - Thoracic Spine	This table is used to rate impairment from musculoskeletal conditions affecting the thoracic spine.
Table 17.19	Loss of Function - Lumbar Spine	This table is used to rate impairment from musculoskeletal conditions affecting the lumbar spine.
Table 17.20	Other Impairment - Coccyx, Pelvis and Sacroiliac Joints	This table is used to rate impairment from musculoskeletal conditions affecting the coccyx, pelvis and sacroiliac joints.
Table 17.21	Other Impairment - Osteomyelitis - Spine and Pelvis.	This table is used to rate impairment from osteomyelitis of the spine and pelvis.
Chart 5	Average Range of Joint Motion - Spine	This chart is used as a reference with regard to the average range of motion of the cervical, thoracic and lumbar spine.
Chart 6	Nerve Root Compression Syndromes	This chart describes nerve root compression effects.

Loss of Function - Cervical Spine

Table 17.17 is used to rate impairment from musculoskeletal conditions of the cervical spine. Only one rating may be selected from **Table 17.17.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one cervical condition is to be rated from **Table 17.17**, the conditions are bracketed for assessment purposes.

Nerve root compression lesions of the cervical spine are rated from this table.

In cases where a spinal cord injury or disease is to be rated, refer to the instructions provided in the Introduction of this chapter.

When entitled cervical spine conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Thoracic Spine

Table 17.18 is used to rate impairment from musculoskeletal conditions of the thoracic spine. Only one rating may be selected from **Table 17.18.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one thoracic spine condition is to be rated from **Table 17.18**, the conditions are bracketed for assessment purposes.

Nerve root compression lesions due to a thoracic spine condition are rated on individual merits.

In cases where a spinal cord injury or disease is to be rated, refer to the instructions provided in the Introduction of this chapter.

When entitled thoracic spine conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Lumbar Spine

Table 17.19 is used to rate impairment from musculoskeletal conditions of the lumbar spine. Only one rating may be selected from **Table 17.19.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one lumbar spine condition is to be rated from **Table 17.19**, the conditions

are bracketed for assessment purposes.
Nerve root compression lesions of the lumbar spine are rated from this table. In cases where a spinal cord injury or disease is to be rated, refer to the instructions provided in the introduction of this chapter.

When entitled lumbar spine conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Coccyx, Pelvis and Sacroiliac Joint Conditions

Table 17.20 is used to rate musculoskeletal impairment from coccyx, pelvis, and sacroiliac joint conditions. A rating may be given from **Table 17.20** for **each** entitled area. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

For purposes of assessment, sacroiliac joint disease is considered to be bilateral.

When entitled conditions of the coccyx, pelvis and sacroiliac joint result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Osteomyelitis - Spine and Pelvis

Table 17.21 is used to rate impairment from osteomyelitis of the spine and pelvis. One rating may be selected for each area of osteomyelitis. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

When entitled osteomyelitis of the spine and pelvis results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Tables, Steps and Charts

Table 17.17 - Loss of Function - Cervical Spine

Only one rating may be given for the cervical spine from **Table 17.17**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 17.17** follow the "**ands**" and "**ors**".

Table 17.17 - Loss of Function - Cervical Spine

Rating	Criteria
Nil	• Normal range of motion without pain; **and** • No radicular pain; **and** • No nerve root compression signs.
Four	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	• Loss of up to ½ range of motion; **or** • Intermittent radicular pain.
Thirteen	• Loss equal to or greater than ½ range of motion; **or** • **One** of the following nerve root compression signs are present in the upper limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Eighteen	• Radicular pain occurring at least weekly; **or** • **Two** of the following nerve root compression signs are present in the upper limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Twenty-one	• **All** of the following nerve root compression signs are present in the upper limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Twenty-six	• Ankylosis in a position of function.
Thirty-four	• Intractable pain*; **or** • Ankylosis in an unfavourable position of function.

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine the Assessment for Musculoskeletal Cervical Spine Conditions (Nerve Root Compression Only, e.g. C5, C6, C7 and C8)

Step 1: Determine the rating from **Table 17.17** (Loss of Function - Cervical Spine).

Step 2: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4*:* Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Steps to Determine the Assessment for Musculoskeletal Cervical Spine Conditions (Spinal Cord Injury or Disease - Upper Limb Involvement Only)

Step 1: Determine the rating from **Table 17.17** (Loss of Function - Cervical Spine).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine a rating from **Table 17.1** (Loss of Function - Upper Limb).

Note: If **one** upper limb is affected, determine a rating for the affected limb.

or

If ***both*** *upper limbs* are affected, determine the appropriate rating for each limb and **add** the ratings.

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: **Compare** Step 2 and Step 4 and select the **highest**.

Step 6: Determine the Quality of Life rating.

Step 7*:* Add the ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Steps to Determine the Assessment for Musculoskeletal Cervical Spine Conditions (Spinal Cord Injury or Disease - Upper and Lower Limb Involvement)

Step 1: Determine the rating from **Table 17.17** (Loss of Function - Cervical Spine).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1 .

Step 3: Determine a rating from Chapter 19 (Activities of Daily Living).

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: **Compare** Step 2 and Step 4 and select the **highest.**

Step 6: Determine the Quality of Life rating.

Step 7*:* Add the ratings at Step 5 and Step 6.

Step 8*:* If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Table 17.18 - Loss of Function - Thoracic Spine

Only one rating may be given for the thoracic spine from **Table 17.18**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 17.18** all criteria designated at that rating level must be met.

Table 17.18 - Loss of Function - Thoracic Spine

Rating	Criteria
Nil	• Normal range of motion without pain.
One	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Two	• Loss of up to ½ range of motion.
Three	• Loss equal to or greater than ½ range of motion.
Nine	• Ankylosis in a position of function.
Thirteen	• Ankylosis in an unfavourable position of function.

Note: In rating the thoracic spine, one should concentrate on the rotation movements as opposed to flexion and extension movements which are primarily a function of the lumbar spine.

Nerve root compression lesions of the thoracic spine will be rated on individual merits.

Steps to Determine Musculoskeletal Thoracic Spine Assessment (Nerve Root Compression Only)

Step 1: Determine the rating from **Table 17.18** (Loss of Function -Thoracic Spine).

Step 2: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Steps to Determine the Musculoskeletal Thoracic Spine Assessment (Spinal Cord Injury or Disease - Upper Limb Involvement Only)

Step 1: Determine the rating from **Table 17.18** (Loss of Function -Thoracic Spine).

Step 2: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 1.

Step 3: Determine the rating(s) from **Table 17.1** (Loss of Function - Upper Limbs).

Note: If **one** upper limb is affected, determine a rating for the affected limb.

or

If ***both*** *upper limbs* are affected, determine the appropriate rating for each limb and **add** the ratings.

Step 4: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 3.

Step 5: **Compare** ratings at Step 2 and Step 4 and select the **highest**.

Step 6: Determine the Quality of Life rating

Step 7: Add ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Steps to Determine the Musculoskeletal Thoracic Spine Assessment (Spinal Cord Injury or Disease - Lower Limb Involvement Only)

Step 1: Determine the rating from **Table 17.18** (Loss of Function - Thoracic Spine).

Step 2: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 1.

Step 3: Determine the rating(s) from **Table 17.9** (Loss of Function - Lower Limbs).

Step 4: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 3.

Step 5: **Compare** ratings at Step 2 and Step 4 and select the **highest**.

Step 6: Determine the Quality of Life rating.

Step 7: Add ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Steps to Determine Musculoskeletal Thoracic Spine Assessment (Spinal Cord Injury or Disease - Upper and Lower Limb Involvement)

Step 1: Determine the rating from **Table 17.18** (Loss of Function - Thoracic Spine).

Step 2: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 1.

Step 3: Determine rating from Chapter 19 (Activities of Daily Living).

Step 4: Does the Partially Contributing Table apply? If **yes,** then apply to rating at Step 3.

Step 5: **Compare** Step 2 and Step 4 ratings and select the **highest**.

Step 6: Determine the Quality of Life rating.

Step 7: Add ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Table 17.19 - Loss of Function - Lumbar Spine

Only one rating may be given for the lumbar spine from **Table 17.19**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 17.19**, follow the "**ands**" and "**ors**".

Table 17.19 - Loss of Function - Lumbar Spine

Rating	Criteria
Nil	• Normal range of motion without pain; **and** • No sciatica*; **and** • No nerve root compression signs.
Four	• Essentially normal range of motion, but pain now present on a daily basis and/or with movement.
Nine	• Loss of up to ½ range of motion; **or** • Intermittent sciatica*.
Thirteen	• Loss equal to or greater than ½ range of motion; **or** • **One** of the following nerve root compression signs are present in the lower limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Eighteen	• Sciatica* occurring at least weekly; **or** • **Two** of the following nerve root compression signs are present in the lower limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Twenty-one	• Sciatica* occurring on most days; **or** • **All** of the following nerve root compression signs are present in the lower limbs: - Significant asymmetry of relevant reflex(es) - Sensory loss in dermatomal pattern - Relevant loss of muscle strength.
Thirty-one	• Ankylosis in a position of function.
Thirty-four	• Intractable pain**.
Thirty-nine	• Ankylosis in an unfavourable position of function.

* **Sciatica** is defined as pain radiating in the distribution of a lumbar or sacral dermatome, below the level of the knee with or without associated neurosensory and motor deficits.

****Intractable pain** is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine the Assessment for Musculoskeletal Lumbar Spine (Nerve Root Compression Only, e.g. L4, L5 and S1)

Step 1: Determine the rating from **Table 17.19** (Loss of Function - Lumbar Spine).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Steps to Determine the Assessment for Musculoskeletal Lumbar Spine (Spinal Cord Injury or Disease - Lower Limb Involvement)

Step 1: Determine the rating from **Table 17.19** (Loss of Function - Lumbar Spine).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine rating from **Table 17.9** (Loss of Function - Lower Limb(s) (if applicable)).

Note: If an entitled lumbar spinal cord injury or disease condition affects the function of one or both lower limbs, a rating is necessary from **Table 17.9** (Loss of Function - Lower Limb). Regardless if one or both lower limbs are affected, the appropriate rating from **Table 17.9** is **compared** to the **Table 17.19** rating and the **highest** selected.

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: **Compare** the Step 2 and Step 4 ratings and select the **highest.**

Step 6: Determine the Quality of Life rating.

Step 7: Add ratings at Step 5 and Step 6.

Step 8: If partial entitlement exists, apply to the rating at Step 7.

This is the Disability Assessment.

Table 17.20 - Other Impairment - Coccyx, Pelvis and Sacroiliac Joints

Only one rating may be given from **Table 17.20** for each of the following areas: coccyx, pelvis and sacroiliac joints. For purposes of assessment, sacroiliac joint disease is considered to be bilateral. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 17.20**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 17.20 - Other Impairment - Coccyx, Pelvis and Sacroiliac Joints

Rating	Criteria
Nil	• Asymptomatic; healed bone graft donor site; **or** • Asymptomatic; healed pelvic fracture with or without displacement; **or** • Asymptomatic; sacroiliac joint(s) disease; **or** • Asymptomatic; nonunion, malunion or excision of coccyx.
One	• Bone graft donor site with pain.
Four	• Healed pelvic fracture with displacement and intermittent symptoms; **or** • Sacroiliac joint disease with tenderness on palpation of sacroiliac joint(s) and intermittent symptoms; **or** • Nonunion, malunion or excision of coccyx with intermittent symptoms.
Seven	• Sacroiliac joint disease with tenderness on palpation of sacroiliac joint(s) and persistent symptoms; **or** • Nonunion, malunion or excision of coccyx with persistent symptoms.
Thirteen	• Healed pelvic fracture with displacement and persistent symptoms.
Thirty-four	• Pelvic fracture(s) resulting in intractable pain*.

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine the Musculoskeletal Assessment Coccyx, Pelvis and Sacroiliac Joint(s)

Step 1: Determine the rating from **Table 17.20** (Other Impairment - Coccyx, Pelvis and Sacroiliac joint[s]).

Note: **One** rating is selected from **Table 17.20** for each entitled condition of the coccyx and pelvis.

One rating is selected from **Table 17.20** for entitled conditions of the sacroiliac joints regardless of whether the condition is unilateral or bilateral.

The steps must be repeated for each area entitled.

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the rating(s) at Step 1.

Step 3: Determine the Quality of Life rating(s).

Step 4*:* Add ratings at Step 2 and Step 3.

Step 5*:* If partial entitlement exists, apply to the rating(s) at Step 4.

This is the Disability Assessment.

Table 17.21 - Other Impairment - Osteomyelitis - Spine and Pelvis

Only one rating may be given from **Table 17.21** for each area of osteomyelitis affecting the spine and pelvis. If more than one rating is applicable for an area, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 17.21**, all criteria designated at that rating level must be met.

Table 17.21 - Other Impairment - Osteomyelitis - Spine and Pelvis

Rating	Criteria
One	• Single episode of osteomyelitis arrested with treatment; no residual effects.
Four	• Repeated exacerbations of osteomyelitis in the past 5 years without progression to discharging sinus, local bone loss and/or chronic pain.
Nine	• Chronic osteomyelitis with local bone loss and/or chronic pain.
Thirteen	• Chronic osteomyelitis with sinus tract formation and persistent drainage.

Steps to Determine Assessment from Osteomyelitis - Spine and Pelvis

Step 1: Determine the rating from **Table 17.21** (Other Impairment -Osteomyelitis - Spine and Pelvis).

Note: One rating may be given for each entitled area of osteomyelitis of the spine and pelvis.

The steps must be repeated for each area entitled.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to the rating at Step 1.

Step 3*:* Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Chart 5 - Average Range of Joint Motion - Spine

Chart 5 - Average Range of Joint Motion – Spine

Joint	Movement	Range of Movement
Cervical Spine	Flexion Right lateral flexion Right rotation Extension Left lateral flexion Left rotation	60° 45° 70° 60° 45° 70°
Thoraco-lumbar Spine*	Flexion Right lateral flexion Right rotation Extension Left lateral flexion Left rotation	90° 35° 35° 30° 35° 35°

*As a general rule each thoracic vertebrae contributes to about 3 degrees of flexion (3 x 12 = 36 degrees total flexion due to the thoracic spine) and each lumbar vertebrae to about 9 degrees of flexion (9 x 5 = 45 degrees total flexion due to lumbar spine) for a total flexion of the thoracolumbar spine of 81 degrees.

Chart 6 - Nerve Root Compression Syndromes

This chart provides a description of the common findings associated with nerve root compression syndromes at the cervical and lumbar spine levels.

Chart 6 - Nerve Root Compression Syndromes

Nerve Root	Nerve Root Compression Effects
C5 Root Compression Syndrome	• Weakness of shoulder abduction and elbow flexion. • Loss of biceps reflex. • Sensory loss over the lateral aspect of the upper arm.
C6 Root Compression Syndrome	• Weakness of elbow flexion. • Weak biceps reflex. • Sensory loss over the radial (lateral) aspect of the forearm and the thumb.
C7 Root Compression Syndrome	• Weakness of elbow extension. • Loss of triceps reflex. • Sensory loss over dorsal aspect of arm and forearm and of middle finger.
C8 Root Compression Syndrome	• Weakness of finger flexion. • Sensory loss over the ulnar (medial) aspect of the forearm and of the ring and little fingers.
L4 Root Compression Syndrome	• Weakness of knee extension. • Weakness of patellar/knee jerk reflex. • Sensory loss over medial aspect of the lower leg, particularly the area above medial malleolus.
L5 Root Compression Syndrome	• Weakness of ankle dorsiflexion and extension of great toe. Heel walking is impaired. • Weakness of hip abduction. Trendelenburg test may be positive. • Sensory loss over lateral aspect of the lower leg and the medial aspect of the dorsum of the foot.
S1 Root Compression Syndrome	• Weakness of plantar flexion of the ankle. Toe walking is impaired. • Weakness of gluteus maximus. Hip extension is impaired. • Weakness of Achilles/ankle jerk reflex. • Sensory loss over the posterolateral aspect of the thigh and leg and the lateral aspect of the foot.

Chapter 18
MALIGNANT IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled malignant conditions.

Ratings from tables within other applicable impairment chapters must be considered in determining the appropriate rating for a malignant condition. The applicable impairment chapter to be used is determined by the site of malignancy (for example, lung cancer is rated using tables within the Malignant Chapter, as well as tables within the Cardiorespiratory Chapter). Any applicable ratings are compared and the highest selected.

Rating Tables

This chapter contains one “Loss of Function” table and one “Other Impairment” table which may be used to rate impairment from entitled malignant conditions.

Table ratings from other impairment chapters also need to be considered as described in “Steps to Determine the Malignant Impairment Assessment” on the last page of this chapter. The applicable impairment chapter to be used is dependent upon the site of malignancy.

In this chapter, when a disability is rated from both **Table 18.1** - Loss of Function - Malignant Conditions and **Table 18.2** - Other Impairment - Life Expectancy - Malignant Conditions, the ratings are **compared** and the **highest** selected.

The tables within this chapter are:

Table 18.1	Loss of Function - Malignant Conditions	This table is used to rate impairment from loss of function due to malignant conditions.
Table 18.2	Other Impairment - Life Expectancy - Malignant Conditions	This table is used to rate impairment with regard to predicted survival estimates.

Loss of Function - Malignant Conditions

Table 18.1 is used to rate impairment from entitled malignant conditions. One rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

For the purposes of **Table 18.1**, “symptoms” encompass the symptoms (including pain) of both the malignant condition itself and the symptoms of the effects of its treatment.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment - Life Expectancy - Malignant Conditions

Table 18.2 is used to rate impairment from entitled malignant conditions with regard to life expectancy and prognosis. Only one rating may be selected for each entitled condition.

Whenever possible, the rating from **Table 18.2** is to be based on a survival estimate from an oncologist or other treating physician. If such an estimate is unavailable, supporting evidence from a recognized standard medical reference is to be applied to provide an estimate. Estimates are to be based on malignancies of the same type and degree of spread as that in the specific case being rated. The estimate or predicted life expectancy used in **Table 18.2** is projected from the time of diagnosis, or from the time of any major staging procedure or operation.

Once a **Table 18.2** rating has been established **it is not to be changed unless subsequent findings indicate that an earlier prognosis was based on incorrect clinical information.**

The rating is **not to be modified posthumously** to reflect the actual duration for which the Member/Veteran/Client survived after diagnosis or staging. The life expectancy estimate can be based only on predicted probability of survival, not actual survival time.

A **Table 18.2** rating is **not to be updated to account for the natural progression of the condition**. As the disease progresses, it is expected that ratings from **Table 18.1** will exceed ratings from **Table 18.2.**

A rating from **Table 18.2** may **not be reduced** because of favourable response to treatment or because of better than anticipated survival.

If the condition is being rated for the first time more than five years after diagnosis **and** the condition is in remission or may be cured, the malignant impairment rating is **nil.**

Table 18.1- Loss of Function - Malignant Conditions

Only one rating may be given for each entitled condition from **Table 18.1**. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 18.1**, all criteria designated at that rating level must be met.

Table 18.1 - Loss of Function - Malignant Conditions

Rating	Criteria
Nil	• Asymptomatic.
One	• Asymptomatic but requiring ongoing monitoring and/or therapy.
Nine	• Mild to moderate symptoms that are irritating or unpleasant but rarely prevent completion of any activity. Symptoms may cause loss of efficiency in a few activities.
Eighteen	• More severe symptoms that are distressing and regularly prevent the completion of some everyday activities. Physically strenuous activity (e.g. carrying laundry, shovelling walk, mowing the lawn) is prevented but the person remains ambulatory and able to carry out light tasks at home or office. Self-care is unaffected and independence is maintained.
Forty-three	• Symptoms are severe and prevent the completion of many everyday activities. Requires daily personal assistance with self-care.
Sixty-three	• Symptoms are severe and cause major restriction in most everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others. Confined to bed or chair at least part of waking hours.
Eighty-one	• Symptoms are severe with most to all everyday activities prevented. Dependent on others for all self-care. May require institutional care or may be maintained at home with frequent requirement for medical care. Totally confined to bed or chair.

Table 18.2 - Other Impairment - Life Expectancy - Malignant Conditions

Only one rating may be given for each entitled condition from **Table 18.2**.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 18.2**, all criteria designated at that rating level must be met.

Table 18.2 - Other Impairment - Life Expectancy - Malignant Conditions

Rating	Predicted Life Expectancy at Time of Diagnosis or Staging Procedure
Nil	• Normal, or near-normal, five-year survival.
Four	• Predicted five-year survival less than 95%.
Nine	• Predicted five-year survival less than 75%.
Eighteen	• Predicted five-year survival less than 50%.
Forty-three	• Predicted five-year survival less than 25%.
Sixty-three	• Predicted one-year survival less than 50%.
Eighty-one	• Predicted one-year survival less than 25%.

Steps to Determine Malignant Assessment

Step 1: Determine the rating from **Table 18.1** (Loss of Function - Malignant Conditions).

Step 2: Does the Partially Contributing Table apply? If **yes,** apply to the rating at Step 1.

Step 3: Determine the rating from **Table 18.2** (Other Impairment - Life Expectancy - Malignant Conditions).

Step 4: **Compare** the ratings at Step 2 and Step 3 and select the **highest**.

Step 5: Determine the rating(s) from the relevant impairment table(s) using the appropriate Table of Disabilities chapter.

Step 6: Does the Partially Contributing Table apply? If **yes,** apply to the rating at Step 5.

Step 7: **Compare** the ratings at Step 4 and Step 6 and select the **highest**.

Step 8: Determine the Quality of Life rating.

Step 9: Add the ratings at Step 7 and Step 8.

Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment.

Chapter 19
IMPAIRMENT IN ACTIVITIES OF DAILY LIVING

Introduction

The Activities of Daily Living (ADLs) are a defined set of activities necessary for normal self-care: the activities of personal hygiene, dressing, eating, transfers/bed mobility, locomotion and bowel and bladder control.

For VAC disability assessment purposes, ADL include those activities necessary for self-care. These activities include:

- **Personal hygiene** - includes bathing and grooming tasks. Bathing means washing a face, trunk, extremities and perineum. Grooming means brushing of hair and teeth, shaving and make-up application.
- **dressing** - means donning and doffing indoor and outdoor clothing.
- **eating** - means eating and drinking of prepared foods. Includes cutting, buttering bread, etc.
- **transfers/bed mobility** - means moving between sitting and standing, moving from one seat to another, or sitting in, rising from, and moving around in bed.
- **locomotion** - means walking on level ground, on gentle slopes and on stairs.
- **bowel and bladder control** - means degree of continence

This chapter is used when criteria does not exist in the system specific tables, or are inadequate, or for which the application of some tables may be inappropriate.

This chapter is used to rate permanent impairment from conditions that have multi-system effects or global body effects such as: endocrine, metabolic and hemopoietic conditions that do not respond to optimal treatment, inflammatory arthritis (e.g. rheumatoid arthritis, ankylosing spondylitis, Reiter's syndrome and psoriatic arthritis), generalized osteoarthritis, fibromyalgia syndrome, chronic fatigue syndrome, amyotrophic lateral sclerosis (ALS), Parkinson's disease, multiple sclerosis, polyneuropathy affecting the function of the upper and lower limbs, spinal cord injury or disease affecting the function of the upper and lower limbs, brain injury or disease

affecting the function of the upper and lower limbs and other “syndromes” of undiagnosed physical symptoms.

Many of the conditions rated in this chapter have chronic pain symptoms. These symptoms are rated within **Table 19.7** - Other Impairment - Chronic Pain.

Impairment from psychiatric conditions is rated within Chapter 21, Psychiatric Impairment. No additional rating is to be taken from this chapter.

Impairment from malignant conditions is rated within Chapter 18, Malignant Impairment. No additional rating is to be taken from this chapter.

If more than one entitled condition is rated within this chapter, the conditions are bracketed for assessment purposes.

When entitled conditions that are rated within this chapter result in permanent impairment of specific organ systems or have an associated impairment of specific organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Rating Tables

This chapter contains six “Loss of Function” and one “Other Impairment” table which may be used to rate entitled conditions having multi-system or global body effects. When a rating is applicable from more than one table, the ratings are **added**.

The tables within this chapter are:

Table	Loss of Function	Other Impairment
Table 19.1	Loss of Function - Activities of Daily Living - Personal Hygiene	This table is used to rate impairment of an activity of daily living, specifically personal hygiene.
Table 19.2	Loss of Function - Activities of Daily Living - Dressing	This table is used to rate impairment of an activity of daily living, specifically dressing.
Table 19.3	Loss of Function - Activities of Daily Living - Eating	This table is used to rate impairment of an activity of daily living, specifically eating.
Table 19.4	Loss of Function - Activities of Daily Living - Transfers/Bed Mobility	This table is used to rate impairment of an activity of daily living, specifically transfers/bed mobility.
Table 19.5	Loss of Function - Activities of Daily Living - Locomotion	This table is used to rate impairment of an activity of daily living, specifically locomotion.

Table 19.6	Loss of Function - Activities of Daily Living - Bowel and Bladder Control	This table is used to rate impairment of an activity of daily living, specifically bowel and bladder control.
Table 19.7	Other Impairment - Chronic Pain	This table is used to rate chronic pain.

Loss of Function - ADL

Table 19.1 to **Table 19.6** are used to rate entitled conditions that have multi-system or global body effects.

A rating may be applicable from each **Table 19.1** to **Table 19.6**. If non-entitled conditions, or conditions rated within another chapter of the Table of Disabilities, are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter. If applicable, the PCT is applied at each table level.

Other Impairment - Chronic Pain

Only one rating may be selected from **Table 19.7**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

A rating from this table is **not** added to a rating from any other chapter for the **same** entitled disability.

Pain and **chronic pain** are defined in many ways.

The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”. The US Commission on the Evaluation of Pain defines it as a “complex experience, embracing physical, mental, social, and behavioural processes, which compromises the quality of life of many individuals”.

The American Medical Association defines **chronic pain** as “an evolving process in which injury may produce one pathogenic mechanism, which in turn produces others, so that the cause(s) of pain change over time”.

The perception of pain and its severity is complex and individually based. Pain is highly influenced by emotion, the individual’s personality and values, cognitive awareness, experiences, education and ethnic and cultural background. Chronic pain may affect the social and emotional well-being of the individual, and effects are proportional to the duration the pain has been present and to its intensity.

As the perception of pain is highly subjective, and as the study of the evaluation of pain continues to evolve, the objective evaluation of chronic pain is extremely difficult. Therefore, the evaluation of pain behaviour and emotional status and attitude is important in the assessment of chronic pain.

The manner in which emotional distress presents is very individual. It may present as withdrawal, anger or unreasonableness, depressive features or bodily complaints.

For VAC purposes, **"chronic pain"** is pain that persists beyond the period of time normally required for complete physical healing or pain due to chronic physical disorders such as rheumatoid arthritis. Further, this pain must be in existence for at least 6 months before it is considered to be chronic. This pain is generally expected to persist despite medical attention, although it may wax and wane over the 6-month period and thereafter. Key elements considered in the assessment of emotional distress in relation to pain include overall mood, anxiety, depressive features, and irritability. Symptoms of headache, musculoskeletal pain, fatigue, gastrointestinal distress, memory difficulties and insomnia are common, and will be included in the rating of the condition within this table.

If non-entitled conditions or conditions rated within another chapter of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 19.1- Loss of Function - Personal Hygiene

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.1**, all criteria designated at that rating level must be met.

Table 19.1- Loss of Function - Personal Hygiene

Rating	Criteria	Examples
Nil	• Independent. Can perform bathing and grooming tasks independently.	- Preparing for and completing the following activities: cleaning teeth or dentures; clipping nails; combing or brushing hair; shaving or applying make-up; washing, rinsing and drying the face and body either in the tub, shower or via sponge bath.
One	• Independent. Can perform bathing and grooming tasks without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity.	- Pain with reaching to clip toe nails. - Difficulty getting the arm overhead and reaching to brush hair. - Takes more than a reasonable amount of time to bathe/groom self.

Four	• Independent with aids, assistive devices or adaptation of task. Can perform bathing and grooming tasks independently with aids or assistive devices, or with adaptation of the task.	- Requires use of a long-handled wash sponge/brush. - Needs to use an electric razor for safety.
Nine	• The Member/Veteran/Client requires the assistance of another person for bathing and/or grooming tasks with respect to set-up or supervision, or the physical assistance of another person to the extent that the Member/ Veteran/Client is able to perform 50% or more of the tasks associated with bathing and grooming.	- Requires the personal assistance of another person to prepare shower equipment or set Member/Veteran/Client up for a sponge bath. - Requires the personal assistance of another person to supervise shower for safety reasons. - Member/Veteran/Client needs help with nail care only. - Member/Veteran/Client able to bathe self except for his/her feet. Member/Veteran/Client not able to reach overhead to brush/comb hair.
Thirteen	• The Member/Veteran/Client requires the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform less than 50% of bathing and grooming tasks, or the Member/Veteran/Client is dependent on another person for bathing and grooming.	- Member/Veteran/Client needs help to bathe self below the knees and perineum/buttock areas and to perform nail care. Member/Veteran/Client able to only minimally assist by helping to position limbs for bathing, etc.

Table 19.2 - Loss of Function - Dressing

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.2**, all criteria designated at that rating level must be met.

Table 19.2- Loss of Function – Dressing

Rating	Criteria	Examples
Nil	• Independent. Can dress and undress independently.	- Obtaining clothes from their customary places such as drawers and closets; manages bra, pullover garment or front-opening garment; managing underpants, slacks, skirt, belt, stockings and shoes; manages zippers, buttons or snaps; **and** applies and removes prosthesis or orthosis when applicable.

One	• Independent. Can dress and undress independently, without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity.	- Multiple attempts to reach feet before socks are removed. - Pain with pulling on garments overhead, etc. - Takes more than a reasonable amount of time to dress/undress.
Four	• Independent with aids, assistive devices or adaptation of task. Can dress and undress independently with aids or assistive devices, or with adaptation of the task.	- Wears modified clothing, such as clothing with velcro. - Uses one or more assistive devices such as prosthesis or orthosis, a button hook, sock aid, elastic shoe laces, etc. to dress.
Nine	• The Member/Veteran/Client requires the assistance of another person for set-up or supervision, or the physical assistance of another person to the extent that the Member/ Veteran/Client can still perform 50% or more of the tasks associated with dressing.	- Requires the personal assistance of another person to prepare/collect clothing for wear. - Member/Veteran/Client needs help with shoes and socks only. - Member/Veteran/Client unable to put bra on independently. Member/Veteran/Client able to dress the upper limbs, but requires assistance getting clothing over his/her feet to dress the lower limbs.
Thirteen	• The Member/Veteran/Client requires the physical assistance of another person to the extent that the the client is able to perform less than 50% of dressing tasks, or the Member/Veteran/Client is dependent on another person for dressing.	- Member/Veteran/Client able to help dress one side, but requires assistance with closures, and getting clothing over head and over his/her feet to dress the lower limbs. - Member/Veteran/Client able to only minimally assist by helping to position limbs for dressing, etc.

Table 19.3- Loss of Function - Eating

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.3**, all criteria designated at that rating level must be met.

Table 19.3- Loss of Function - Eating

Rating	Criteria	Examples
Nil	• Independent. Can perform eating tasks without special equipment, adaptation, or assistance from others.	- Eating from a dish; using a spoon or fork to bring food to the mouth; food is chewed and swallowed, managing all consistencies of food; **and** drinking from a cup or glass.

Three	• Independent. Can perform eating tasks without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity.	- Difficulty cutting meat or buttering bread. - Pain with moving the upper limb through range of motion required to bring fork or glass to the mouth. - Difficulty keeping food on fork or spoon due to unsteadiness. - Takes more than a reasonable amount of time to eat.
Nine	• Independent with aids, assistive devices or adaptation of task. Can perform eating tasks independently with aids or assistive devices, or with adaptation of the task.	- Requires modified table wear, such as a rocker knife, high-sided bowl, flatware with specialty handles, a drinking straw, etc. - Requires modified food consistency or blenderized food.
Thirteen	• The Member/Veteran/Client requires the assistance of another person for eating tasks for set-up or supervision or the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform 50% or more of eating tasks.	- Requires the personal assistance of another person to cut meats, butter breads, open cartons. - Requires the personal assistance of another person to apply an orthosis. - Member/Veteran/Client is able to eat most of his/her meal independently. Requires assistance with heavy cups and foods, such as peas, which require a steadier hand. - Member/Veteran/Client requires supervision and help as the Member/ Veteran/Client tends to choke, has swallowing problems, or is quite confused and forgets to eat.
Eighteen	• The Member/Veteran/Client requires the physical assistance of another person to the extent that the Member/Veteran/Client is able to perform less than 50% of eating tasks.	- Member/Veteran/Client is unable to use utensils. Member/Veteran/Client is able to raise foods such as breads, biscuits, sandwiches, etc. to his/her mouth independently, but requires the physical assistance of another person for all foods for which utensils are to be used.
Twenty-one	• Completely dependent. The Member/ Veteran/Client is completely dependent on another person to perform all eating tasks.	- Member/Veteran/Client is fed. - Member/Veteran/Client takes no food by mouth.

Table 19.4- Loss of Function - Transfers/Bed Mobility

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.4**, all criteria designated at that rating level must be met.

Table 19.4- Loss of Function - Transfers/Bed Mobility

Rating	Criteria	Examples
Nil	• Independent. Can transfer between surfaces and move around in bed without special equipment, adaptation, or assistance from others.	- Able to sit up and move around in bed unaided, and able to move from sitting to standing and standing to sitting unaided.
One	• Independent..Can transfer between surfaces and move around in bed without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity.	- A wide stance, shakiness, etc., when moving from sitting to standing, or from standing to sitting. - Multiple attempts before successfully carrying out a transfer or movement in bed. - Pain with transfers and bed mobility. - May take more than reasonable time to carry out activity.
Four	• Independent with aids, assistive devices or adaptation of task. Can transfer between surfaces and move around in bed independently with aids or assistive devices, or with adaptation of the activity. A prosthesis or orthosis is considered an assistive device if used for a transfer.	- Needs the use of the upper extremities when moving from sitting to standing, or from standing to sitting. - Requires a raised seating/surface. - Needs assistive devices such as a bed ladder or similar device, transfer rails or a chair with arm rests, etc.
Nine	• The Member/Veteran/Client requires the assistance of another person to transfer between surfaces and/or move around in bed for set-up or supervision only.	- Requires that a person be available to prepare the surfaces for transfer (i.e. raise or lower the surface). - Uncomfortable moving from sitting to standing or standing to sitting without the presence of another person “in case”.
Thirteen	• The Member/Veteran/Client requires the physical assistance of another person to the extent that the client can still perform 50% or more of the tasks associated with bed mobility and/or transferring.	- Requires some help positioning the lower extremities in bed. - Requires the physical assistance of another person to help position the legs to prepare for transfers, etc.
Eighteen	• The client requires the physical assistance of another person to the extent that the client is able to perform less than 50% of the tasks associated with bed mobility and/or transferring.	- Requires partial lift or support when moving from standing to sitting or sitting to standing. - Requires partial lift, or boost, to move from lying to sitting, or to move around in bed.

Twenty-one	• Totally dependent. The client is dependent on another person to perform all aspects of transferring between surfaces and/or moving around in bed	- Requires the use of manual or electric lifts. - Requires a two-person lift.

Table 19.5- Loss of Function - Locomotion

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.5**, all criteria designated at that rating level must be met.

Table 19.5- Loss of Function – Locomotion

Rating	Criteria	Examples
Nil	• Independent. Can walk on level ground, on gentle slopes, and on stairs without special equipment, adaptation, or assistance from others.	- Walks in a manner normal for age on a variety of different terrains and at varying speeds.
Four	• Independent. Can walk on level ground, on gentle slopes, and on stairs without special equipment, adaptation, or assistance from others, but has difficulty and/or pain carrying out activity.	- Walks at a normal pace on flat ground but with intermittent difficulty. - Caution needed on steps and uneven ground. - Intermittent pain with weight bearing.
Nine	• Independent with aids, assistive devices or minor reduction of walking distance. Can walk independently on level ground, on gentle slopes, and on stairs with aids or assistive devices.	- Walks at a reduced pace in comparison with peers on flat ground. - Unable to manage stairs or ramps without rails. - Pain restricts walking to 250 m or less at a time. Can walk further after resting.
Eighteen	• The client requires minor task adaption or minor physical assistance of another person for locomotion. Walking distance moderately limited.	- Requires the physical assistance of another person to hold their arm for stability. - Unable to negotiate stairs without personal assistance. - Requires routine use of a cane or crutch. - Pain restricts walking to 100 m or less at a time. Can walk further after resting.
Twenty-six	• The client requires moderate physical assistance of another person to perform some aspects of tasks or moderate adaption of task. Walking distance severely limited.	- Client requires the routine use of a walker. - Pain restricts walking to 50 m or less at a time. Can walk further after resting.

Thirty-four	• Totally dependent. Client is unable to walk or stand. Mobile only in a wheelchair.	- Is bed/chair bound.

Table 19.6- Loss of Function - Bowel and Bladder Control

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.6**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 19.6- Loss of Function - Bowel and Bladder Control

Rating	Criteria
Nil	• Continent of bowel; **and** • Continent of bladder but may have occasional symptoms of dysuria, urgency and/or frequency.
One	• Lower urinary tract infection 1-2 times per year.
Four	• Fecal incontinence associated with occasional staining; no incontinent pad required; **or** • Urinary incontinence requiring 1-2 incontinent pads per day; **or** • Symptoms of dysuria, urgency and/or frequency **and** daytime voiding every 3 hours and awake at least once throughout the night.
Nine	• Fecal incontinence associated with soiling but less than daily; may need incontinent pad on occasion; **or** • May require 2-4 urethral dilatation per year; **or** • Suffers lower urinary tract infections at least 4 times per year despite long term prophylactic antibiotic drug therapy.
Thirteen	• Fecal incontinence necessitating frequent changes of underwear or 1-4 incontinent pads per day; **or** • Urinary incontinence requiring more than 2 incontinent pads per day; **or** • Symptoms of dysuria, urgency and/or frequency **and** daytime voiding every 2 hours and nocturia 2-3 times per night.
Eighteen	• Permanent use of condom cathether; **or** • Symptoms of dysuria, urgency and frequency **and** daytime voiding every hour and nocturia 2-3 times per night; **or** • **Obstructed voiding**; with any **one** of the following: - post-void residuals greater than 150cc; - uroflometry - markedly diminished peak flow rate (less than 10 cc/sec.); - stricture disease requiring more than 4 dilatation per year.
Twenty-six	• Fecal incontinence necessitating use of greater than 4 incontinent pads per day; **or** • Permanent colostomy; **or**

	• Intermittent daily catheterization required; **or** • Symptoms of dysuria, urgency, and/or frequency with less than 30 minutes between voidings **and** voiding more than 5 times per night.
Rating	**Criteria**
Thirty-four	• No voluntary control of bladder; **or** • Permanent indwelling catheter; **or** • Fecal incontinence with complete loss of sphincter control.
Forty-three	• Permanent suprapubic catheter.

Table 19.7 - Other Impairment - Chronic Pain

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 19.7**, the majority of bullets at a certain rating level must be met.

Table 19.7- Other Impairment - Chronic Pain

Rating	Criteria
Nil	• Chronic pain not present.
Two	• Pain severity is mild (based on intensity and frequency). • Intermittent pain treatment required. • Pain occasionally interferes with sleep. • No or minimal emotional distress in response to pain.
Four	• Pain severity is moderate (based on intensity and frequency), with daily or almost daily symptoms. • Requires ongoing medical monitoring and requires medication on a regular basis and has good response to treatment. • Up to a total of 120 minutes loss of sleep most nights on an ongoing basis. • Subjective memory loss/impaired concentration. • Mild emotional distress in response to pain, demonstrated by **one** or **more** of the following: - occasional depressive symptoms; - occasional anxiety symptoms; - occasional irritability or anger; - coping is adequate, but reacts to stress with some degree of anxiety or agitation; - occasional difficulty adapting to stressful circumstances (e.g. some difficulty coping and reacts to stress with worsening of behavioural symptoms).

Rating	Criteria
Nine	• Pain severity is moderate most of the time but has daily exacerbations where pain intensity reaches 9-10/10. • Requires ongoing medication on a regular basis but has only partial or inadequate pain relief with requirement for occasional breach through pain medication. • Insomnia greater than 120 minutes loss of sleep most nights on an ongoing basis. • Moderate emotional distress in response to pain, demonstrated by **one** or **more** of the following: - frequent depressive symptoms; - frequent anxiety symptoms but no physiological concomitants; - frequent irritability or anger; - frequent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation, or marked worsening of behavioural symptoms).
Thirteen	• Intractable pain*. • Individual demonstrates severe emotional distress in relation to pain, demonstrated by **one** or **more** of the following: - depressed mood communicated both subjectively (e.g. hopelessness or helplessness) and objectively (e.g. tearfulness); - anxiety with physiological concomitants; - persistent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation, or marked worsening of behavioural symptoms).

* Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Steps to Determine Activities of Daily Living Assessment

Step 1: Determine the rating from **Table 19.1** (Loss of Function - Activities of Daily Living - Personal Hygiene).

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the Step 1 rating.

Step 3: Determine the rating from **Table 19.2** (Loss of Function - Activities of Daily Living - Dressing).

Step 4: Does the Partially Contributing Table apply? If **yes,** apply to the Step 2 rating.

Step 5: Determine the rating from **Table 19.3** (Loss of Function - Activities of Daily Living - Eating).

Step 6: Does the Partially Contributing Table apply? If **yes**, apply to the Step 5 rating.

Step 7: Determine the rating from **Table 19.4** (Loss of Function - Activities of Daily Living -Transfers/Bed Mobility).

Step 8: Does the Partially Contributing Table apply? If **yes**, apply to the Step 7 rating.

Step 9: Determine rating from **Table 19.5** (Loss of Function - Activities of Daily Living - Locomotion)**.**

Step 10: Does the Partially Contributing Table apply? If **yes**, apply to the Step 9 rating.

Step 11: Determine rating from **Table 19.6** (Loss of Function - Activities of Daily Living - Bowel and Bladder Control).

Step 12: Does the Partially Contributing Table apply? If **yes,** apply to the Step 11 rating.

Step 13: Determine rating from **Table 19.7** (Other Impairment - Activities of Daily Living - Chronic Pain).

Step 14: Does the Partially Contributing Table apply? If **yes**, apply to the Step 13 rating.

Step 15: Add the ratings at Step 2, 4, 6, 8, 10, 12 and 14.

Step 16: Determine the Quality of Life rating.

Step 17: Add the ratings at Step 15 and 16.

Step 18: If partial entitlement exists, apply to rating at Step 17.

This is the Disability Assessment.

Chapter 20
NEUROLOGICAL IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the central and peripheral nervous system (brain, cranial and peripheral nerves).

This chapter is divided into three sections. The first section provides criteria to assess impairment of cerebral function. The second section provides criteria to assess impairment of the cranial and peripheral nerves. The third section provides criteria to assess seizure disorders, narcolepsy and cataplexy, headache conditions and miscellaneous neurological conditions.

A rating is **not** given from this chapter for conditions listed below. Each bullet indicates the appropriate chapter to be used.

- Impairment from spinal nerve root compression lesions/sciatica is rated within Chapter 17, Musculoskeletal Impairment.

- Impairment from spinal cord injury or disease affecting the upper limbs only or the lower limbs only (but not both) is rated within Chapter 17, Musculoskeletal Impairment.

- Impairment from spinal cord injury or disease affecting both the upper and lower limbs is rated within Chapter 19, Activities of Daily Living.

- Impairment from polyneuropathy which affects the function of both the upper and lower limbs is rated within Chapter 19, Activities of Daily Living.

- Impairment from brain injury or disease affecting the upper limbs only or the lower limbs only (but not both) is rated within Chapter 17, Musculoskeletal Impairment.

- Impairment from neurological conditions that have multi-system or global body effects such as multiple sclerosis and amyotrophic lateral sclerosis (ALS) is rated within Chapter 19, Activities of Daily Living.

- Impairment from sleep apnea is rated within Chapter 12, Cardiorespiratory Impairment.

- Impairment from disequilibrium is rated within Chapter 9, Hearing Loss and Ear Impairment.

- Impairment from psychiatric disorders is rated within Chapter 21, Psychiatric Impairment.

- Impairment from brain injury or disease resulting **only** in both upper and lower limb effects is rated within Chapter 19, Activities of Daily Living.

Note: Brain injury or disease which results in multiple deficits (e.g. head injury or cerebral vascular accident resulting in cognitive, psychiatric and physical impairments) is rated on individual merits.

Impairment from malignant neurological conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables and Charts

This chapter contains five “Loss of Function” tables and four “Other Impairment” tables which may be used to rate entitled neurological conditions. Two reference charts are also included within this chapter which describe the effects of a complete loss of function of a cranial or peripheral nerve at its origin.

The tables and chart within this chapter are:

Table 20.1	Loss of Function - Cognition	This table is used to rate impairment of cognition.
Table 20.2	Loss of Function - Speech and Expression	This table is used to rate impairment of speech and/or expression.
Table 20.3	Loss of Function - Comprehension	This table is used to rate impairment in comprehension.
Table 20.4	Loss of Function - Cranial Nerves	This table is used to rate impairment in cranial nerve function.
Table 20.5	Loss of Function - Peripheral Nerves	This table is used to rate impairment of peripheral nerve function.

Table 20.6	Other Impairment - Seizures	This table is used to rate impairment from seizure disorders - major and minor.
Table 20.7	Other Impairment -Narcolepsy and Cataplexy	This table is used to rate impairment from narcolepsy and cataplexy.
Table 20.8	Other Impairment - Headaches	This table is used to rate impairment from headache conditions.
Table 20.9	Other Impairment - Miscellaneous Neurological	This table is used to rate impairment from miscellaneous neurological conditions.
Chart 1	Chart of Cranial Nerve Function	This reference chart describes the effect of a complete loss of function of a cranial nerve.
Chart 2	Chart of Peripheral Nerve Function	This reference chart describes the effect of a complete loss of function of a peripheral nerve.

Section 1

Determining Impairment Assessments of Cerebral Function

The tables that may be used to rate impairment from cerebral conditions are:

Table 20.1	Loss of Function - Cognition	This table is used to rate impairment of cognition.
Table 20.2	Loss of Function - Speech and Expression	This table is used to rate impairment of speech and/or expression.
Table 20.3	Loss of Function - Comprehension	This table is used to rate impairment in comprehension.

This section is used to rate impairment from conditions such as cerebral vascular accidents, dementia and other cognitive disorders (e.g. head injury).

Cognitive Function

Cognitive function deals with such aspects of knowledge as acquisition (learning), retention and recall (memory), and use (reasoning and problem solving). The **Table 20.1** rating must relate only to cognitive deficits that were not present before the onset of the entitled condition.

Self reports of deteriorating mental function must be interpreted with caution. Dementia is often associated with a lack of insight or tendency to deny failing abilities. Self-reported complaints about poor memory may be more closely related to depressive symptoms than to true memory deficits. If there is doubt about the nature or extent of the deficit, formal neuropsychiatric testing may be required.

When rating neurological conditions which affect cognition, Table 20.1 – Loss of Function – Cognition is to be used. An impairment rating(s) may also be applicable from Table 20.2 – Loss of Function – Speech and Expression and/or Table 20.3 – Loss of Function – Comprehension. Impairment ratings are to be added when more than one table is used.

Note: Brain injury or disease which results in multiple deficits (e.g. head injury or cerebral vascular accident resulting in cognitive, psychiatric and physical impairments) is rated on individual merits.

Communication

Communication has two elements: expression and comprehension. “Expression” is the capacity to convey the content of one’s mind to others. “Comprehension” means “understanding”. It includes understanding of speech and gestures, recognition of sights and sounds, spatial and temporal orientation.

Expression and comprehension are to be rated separately by applying **Table 20.2** and **Table 20.3** respectively. Impairment ratings from these tables are to be added when criteria from both are applicable. Impairment ratings from these tables are not to include communication deficits that were present before the onset of the entitled condition.

Table 20.2 and **Table 20.3** are to be used to rate impairment from neurological or neuromuscular conditions as well as local lesions involving the mechanisms of speech production.

Communication restricted by vision loss, hearing loss, or loss of hand function is not to be rated within this chapter.

Loss of Function - Cognition

Table 20.1 is used to rate impairment from cerebral conditions that affect cognition. The table contains three columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

If more than one condition is to be rated from **Table 20.1**, the conditions are bracketed for assessment purposes.

When entitled cognitive conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function – Speech and Expression

Table 20.2 is used to rate impairment of cerebral conditions that affect speech and/or the ability to write. The table contains three columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

If more than one condition is to be rated from **Table 20.2**, the conditions are bracketed for assessment purposes.

When entitled speech and expression conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Comprehension

Table 20.3 is used to rate impairment of cerebral conditions that affect comprehension of oral and/or written language. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one condition is to be rated from **Table 20.3**, the conditions are bracketed for assessment purposes.

When entitled comprehension conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 20.1 - Loss of Function - Cognition

Only one rating may be given from **Table 20.1**. Each column in **Table 20.1** is rated independently. If more than one rating is applicable within a column, the highest rating is selected as the column rating. The ratings from each column are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 20.1**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 20.1 - Loss of Function - Cognition

Rating	Cognitive	Emotional & Behavioural	Personal Care
Nil	• Reasoning and memory are comparable with that of peers.	• No difficulties with emotion and/or behaviour.	• Fully capable of self-care.
Nine	• Appropriate use is made of accumulated knowledge and reasonable judgement is shown in routine daily activities most of the time. Difficulties are apparent in new circumstances; **or** • Demonstrates impairment of memory: misplaces objects, and has increased difficulty in remembering names and appointments. Can learn, although at a slower rate than previously. Impairment has little impact on everyday activity because of compensation through reliance on written notes, schedules, check-lists and spouse.	• May have mild symptoms of anxiety and/or depression with respect to cognitive difficulties; **or** • May have poor frustration tolerance.	

Rating	Cognitive	Emotional & Behavioural	Personal Care
Thirteen	• Demonstrates difficulty with multi-tasking which may be apparent to co-workers and results in decreased level of work performance; **or** • Fully oriented except for difficulty with time relationships.	• Resistive or apathetic to care provided.	• May require prompting with grooming, dressing and toileting.
Twenty-Three	• Has frequent difficulty in recalling details of recent experiences; fails to follow through with intentions or obligations; tends to get lost more easily in unfamiliar areas; **or** • Demonstrates impairment of problem-solving ability: suffers significant disadvantage in circumstances requiring complex decision-making or non-routine activities. Reduced capacity for abstract thinking (i.e. a rolling stone gathers no moss).		
Thirty-Two		• May show suspicious behaviour and/or occasional delusions; **or** • Wanders at least weekly. Social judgement may be impaired.	• Requires assistance and/or supervision with most personal care activities.

Rating	Cognitive	Emotional & Behavioural	Personal Care
Forty-Nine	• Unable to function independently in new or complex situations; **or** • Severe memory deficit; has extreme difficulty in keeping track of finances, scheduling activities, social relationships, etc.; **or** • Disoriented to time and place but remains oriented to person.	• Paranoia is present (i.e. spouse is poisoning food) and delusions are present most days; **or** • Difficulty in social behaviour shown by aggressive behaviour toward caregiver or others; **or** • Shows inappropriate sexual behaviour; **or** • Wanders constantly day and night.	• Unable to live independently needing supervision to avoid harm (i.e. from fire caused by forgetting to put out cigarettes or to turn off appliances); **or** • Frequent incontinence (more than once weekly while awake).
Eighty-One	• Unable to plan a course of action for the simplest activity; **or** • Unable to acquire or recall new information; **or** • Severe memory loss, only fragments remain; **or** • Unable to make judgements or solve problems; **or** • Complete disorientation and unaware of surroundings.	• Delusions and hallucinations present almost constantly throughout the day; or • Difficulty in social behaviour shown by grossly inappropriate sexual or social behaviour; **or** • Violent toward caregiver or others; **or** • Intrusive wandering day and night.	• Unable to care for self in any situation; **or** • No bowel or bladder control.

Table 20.2 - Loss of Function - Speech and Expression

Only one rating may be given from **Table 20.2**. Each column in **Table 20.2** is rated independently. If more than one rating is applicable within a column, the **highest** rating is selected as the column rating. The ratings from each column are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 20.2**, all criteria designated at that rating level must be met.

Table 20.2 - Loss of Function - Speech and Expression

Rating	Criteria		
	Speech	**Conversation**	**Ability to Write**
Nil	• Normal speech.	• Normal conversational ability.	• No writing difficulties.
Four	• Speech is of sufficient intensity and vocal quality for most everyday needs, e.g.: – normal speech, but unable to shout; **or** – needs to repeat self at times; **or** – is unable to produce some phonetic units; **or** – speech is sustained over a 10-minute period, but with difficulty that includes hesitancy and word retrieval problems; **or** – is permanently hoarse.	• Has difficulty initiating conversation, is hesitant and suffers mild word retrieval difficulties.	

Rating	Criteria		
	Speech	**Conversation**	**Ability to Write**
Nine	• Speech is of sufficient intensity and vocal quality for many of the needs of everyday speech, e.g.: – is adequate with low background noise, but is heard with some difficulty in vehicles or public places; **or** – has many inaccuracies, but is easily understood by strangers; **or** – is slow or discontinuous, conveying the distinct impression of difficulty.	• Converses in simple sentences on familiar topics and has difficulty in explaining long or complex ideas.	
Eighteen	• Speech is of sufficient intensity and vocal quality for some of the needs of everyday speech, e.g.: – is adequate under quiet conditions, but is heard with great difficulty against any background noise; voice fades rapidly; **or** – is understood by family and friends, but is difficult for strangers; **or** – needs frequent repetition; **or** – speech is sustained for short period only: fatigues rapidly.	• Is unable to initiate conversation. But, with considerable effort, is able to respond in short simple sentences or phrases.	• Has moderate dysgraphia*. Unable to write more than short sentences which include frequent spelling errors, e.g.: has difficulty filling in bank forms.

Rating	Criteria		
	Speech	**Conversation**	**Ability to Write**
Twenty-Six	• Speech is of sufficient intensity and vocal quality for only a few of the needs of everyday speech, e.g.: – is reduced to a whisper at best; inaudible over the telephone; **or** – can produce only a few phonetic units approximating some words, but these are not intelligible if the context is unknown; **or** – can produce only short phrases or single words: speech flow is not maintained, or is too slow to be useful.	• Is limited to single words or familiar social or stereotyped phrases requiring considerable listener inference.	• Has severe dysgraphia*. Able to write only some recognizable words, e.g. items for a shopping list, or names of family.
Thirty-Four	• Has no speech production, but is able to use non-verbal means of expression.	• Is unable to participate in conversation.	• Has agraphia. No functional writing ability, although is able to copy or write much practised sequences, such as own name.

*Dysgraphia is the inability to write properly due to an expression problem from an acquired neurological condition.

Table 20.3 - Loss of Function - Comprehension

Only one rating may be given from **Table 20.3.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 20.3**, only one criterion designated at that rating level must be met.

Table 20.3 - Loss of Function - Comprehension

Rating	Criteria
Nil	• Normal comprehension.
Four	• Understands movies, radio programs or group discussions with some difficulty. Comprehension is good in most circumstances and situations but understanding is difficult in large groups or when tired and upset. Has difficulty dealing with rapid changes of topic.
Nine	• Understands speech face to face but confusion or fatigue occurs rapidly in a group. Is unable to cope with rapid change in topic or with complex topics (e.g. is able to grasp the meaning of simple story lines, simple TV serials, but cannot grasp the meaning of more complex ideas, for example, “a stitch in time saves nine”); **or** • Mild alexia* (e.g. is able to grasp the meaning of basic newspaper and magazine articles, but has difficulty understanding details such as a story line in a book).
Twenty-One	• Understands simple sentences only. Can understand and follow simple conversation when some points are repeated; **or** • Moderate alexia*. Reading comprehension is limited to sentences and short paragraphs (e.g. can follow two to three line instructions and cope with shopping and other short lists, but nothing more complex).
Thirty-Four	• Understands only single words. Shows some understanding of slowly spoken simple sentences from context and gesture, although frequent repetition is needed; **or** • Severe alexia* (e.g. is able to read single words, to match words to pictures and to read labels and signs, but is unable to read instructions).
Seventy	• Unable to read single words, labels or signs.
Eighty-One	• Unable to understand simple instructions, even simple yes/no questions, even with gestures.

*Alexia is a form of receptive aphasia in which there is inability to understand written language.

Steps to Determine Cognition / Speech and Expression / Comprehension Assessment

***Step 1**:* Determine a rating from **each column** in **Table 20.1** (Loss of Function-Cognition) (if applicable). **Compare** and select the **highest** column rating as the **Table 20.1** rating.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

***Step 3**:* Determine a rating from **each column** in **Table 20.2** (Loss of Function-Speech and Expression) (if applicable). **Compare** and select the **highest** column rating as the **Table 20.2** rating.

Step 4: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 3.

Step 5: Determine a rating from **Table 20.3** (Loss of Function - Comprehension) (if applicable).

***Step 6**:* Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 5.

Step 7: Add the ratings from Step 2, Step 4 and Step 6.

Step 8: Determine the Quality of Life rating.

Step 9: Add the ratings at Step 7 and Step 8.

Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment.

Section 2

Determining Impairment Assessments of Cranial and Peripheral Nerve Conditions

The tables that may be used to rate impairment from cranial and peripheral nerve conditions are:

Table 20.4	Loss of Function - Cranial Nerves	This table is used to rate impairment of cranial nerve function.
Table 20.5	Loss of Function - Peripheral Nerves	This table is used to rate impairment of peripheral nerve function.
Chart 1	Chart of Cranial Nerve Function	This reference chart describes the effect of a complete loss of function of a cranial nerve.
Chart 2	Chart of Peripheral Nerve Function	This reference chart describes the effect of a complete loss of function of a peripheral nerve.

Loss of Function - Cranial Nerves

The twelve pairs of cranial nerves emerge from the base of the brain to control sensory, motor and autonomic functions. Some of the nerves have a mixture of sensory, motor and/or autonomic fibres, while others are purely sensory or motor.

Table 20.4 - Loss of Function - Cranial Nerves rates impairment of cranial nerve conditions. Instructions are provided within this table when a rating for a cranial nerve condition is required from another table within this chapter or from another chapter.

When entitled conditions of the cranial nerves result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Peripheral Nerves

Peripheral nerves convey nerve impulses to and from the central nervous system (brain and spinal cord) to control sensory, motor and autonomic functions. A Member/Veteran/Client may have a disturbance of any one of or all of these functions. The disturbance may be partial or complete, unilateral or bilateral, of one nerve or of multiple nerves. A deficit in nerve conduction may result in a functional impairment.

Table 20.5 - Loss of Function - Peripheral Nerves rates impairment of specific peripheral nerves. The first column (category) is used to rate complete loss of nerve function at its origin. This includes paralysis and associated loss of sensation. The second column (category) is used when there is only a complete loss of sensation. A rating cannot be taken from both columns for the same peripheral nerve condition.

For peripheral nerve conditions not included in **Table 20.5** (e.g. incomplete loss of function of a peripheral nerve or loss of sensation in a “glove” or “stocking” distribution) a rating may be applicable from **Table 17.1** - Loss of Function - Upper Limb or **Table 17.9** - Loss of Function - Lower Limb.

In cases where the same limb is affected by both a complete loss of a nerve’s function at its origin and a condition which is rated from **Table 17.1** - Loss of Function - Upper Limb or **Table 17.9** - Loss of Function - Lower Limb, the conditions are bracketed for assessment purposes. The **Table 20.5** rating is **compared** to the **Table 17.1** or the **Table 17.9** rating and the **highest** selected. For example, an entitled complete transection of the left ulnar nerve and an entitled complex regional pain syndrome of the left hand both require a rating. A rating for the complete transection of the left ulnar nerve is taken from **Table 20.5 and** a rating is taken from **Table 17.1** for the complex regional pain syndrome of the left hand. The ratings are **compared** and the **highest** selected. The conditions are bracketed for assessment purposes.

In cases where the same limb is affected by two or more complete losses of nerve function, a rating is selected for each nerve. The individual ratings are **added** and the conditions bracketed for assessment purposes.

For peripheral nerve conditions that cannot be rated in **Table 20.5**, **Table 17.1** or **Table 17.9**, a rating will be determined based on individual merits.

NOTE: Only one rating for each upper limb or for the lower limbs as a functional unit may be obtained from **Table 17.1** and **17.9** respectively, regardless of the number of entitled musculoskeletal or neurological conditions rated within these tables.

If more than one musculoskeletal or neurological condition is rated from these tables, the conditions are bracketed for assessment purposes.

In cases of peripheral motor, sensory or mixed polyneuropathy which affects the function of both the upper and lower limbs, a rating is not obtained from this chapter or from Chapter 17, Musculoskeletal Impairment. The impairment is rated from Chapter 19, Activities of Daily Living.

If a Member/Veteran/Client has impairment of autonomic function associated with a peripheral neuropathy (e.g. voiding dysfunction) or has a permanent complication from peripheral neuropathy (e.g. Charcot's joint), a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

When entitled conditions of the peripheral nerves result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 20.4 - Loss of Function - Cranial Nerves

More than one rating may be applicable for each entitled unilateral or bilateral cranial nerve condition from **Table 20.4**. If more than one rating is applicable for an entitled condition, the ratings are **added**.

Note: Where applicable, **Table 20.4** indicates the appropriate chapter or table to be used for rating cranial nerve conditions.

If partial losses exist, the ratings are to be reduced proportionately.

Table 20.4 - Loss of Function - Cranial Nerves

Cranial Nerve	Function	Apply	Complete Unilateral Loss Rating	Complete Bilateral Loss Rating
I (olfactory)	Smell		NIL	4
II (optic)	Vision	Chapter 8		
III, IV, VI (oculomotor, trochlear, abducens)	Eye Movement	Chapter 8		
V (trigeminal)	Opthalmic Division (sensory)		4	9
	Maxillary Division (sensory)		4	9
	Mandibular Division (sensory)		4	9
	Chewing	Chapter 14		
	Speech	Table 20.2		
VII (facial)	Taste		NIL	4
	Facial Expression		9	18
	Chewing	Chapter 14		
	Speech	Table 20.2		
VIII (vestibulocochlear)	Hearing	Chapter 9		
	Balance	Chapter 9		
IX, X, XI, XII (glossopharyngeal, vagus, spinal accessory, hypoglossal)	Swallowing	Table 20.9		
	Speech	Table 20.2		
XI (spinal accessory)	Shoulder elevation/head rotation		4	9

Refer to Chart 1 for a description of the effects of a complete loss of function of a cranial nerve.

Steps to Determine Cranial Nerve Assessment

Step 1: Determine the rating from **Table 20.4** (Loss of Function-Cranial Nerves).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 20.5 - Loss of Function - Peripheral Nerves

Only one rating may be given for each entitled unilateral peripheral nerve condition from **Table 20.5**.

In cases where the same limb is affected by two or more complete losses of nerve function, a rating is selected for each nerve. The individual ratings are **added** and the conditions bracketed for assessment purposes.

Note: A rating cannot be taken from both columns for the same peripheral nerve condition.

Table 20.5 - Loss of Function - Peripheral Nerves

	Rating	
Peripheral Nerve	**Complete Unilateral Loss of Function (Motor and Sensation)**	**Complete Unilateral Loss of Function (Sensation Only)**
Greater Auricular	N/A	1
Brachial Plexus: Upper Trunk (C5 and C6)	34	N/A
Brachial Plexus: Middle Trunk (C7)	34	N/A
Brachial Plexus: Lower Trunk (C8, T1)	34	N/A
Full Brachial Plexus (C5, C6, C7, C8, and T1)	65	N/A
Radial	43	2
Median	34	13
Ulnar	26	4
Musculocutaneous Nerve of the Arm	13	2
Axillary	18	2
Long Thoracic	4	N/A

	Rating	
Peripheral Nerve	**Complete Unilateral Loss of Function (Motor and Sensation)**	**Complete Unilateral Loss of Function (Sensation Only)**
Sciatic	51	9
Femoral	18	4
Obturator	4	NIL
Common Peroneal	18	4
Superficial Peroneal	9	3
Deep Peroneal	13	NIL
Tibial	18	4
Posterior Femoral Cutaneous	N/A	4
Lateral Cutaneous Nerve of the Thigh	N/A	4
Ilioinguinal	NIL	4

Refer to Chart 2 for a description of the effects of a complete loss of function of a peripheral nerve.

For peripheral nerve conditions that cannot be rated in Table 20.5, Table 17.1 or Table 17.9, a rating will be determined based on individual merits.

Steps to Determine Peripheral Nerve Assessment

Step 1: Determine the rating from **Table 20.5** (Loss of Function - Peripheral Nerve)**.**

Note: A rating **cannot** be taken from **both** columns of **Table 20.5** for the same peripheral nerve condition.

If the **same** limb is affected by two or more complete losses of peripheral nerve function, a rating is selected for each nerve. The individual ratings are **added** and the conditions bracketed.

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Note: If entitled bilateral peripheral nerve conditions require assessment, the steps must be repeated.

Chart 1 - Chart of Cranial Nerve Function

Chart 1 describes what functions are affected as a result of a complete loss of a cranial nerve's function at its origin, unless otherwise specified.

Chart 1 may be used as reference for rating loss of function of cranial nerves.

Chart 1 - Chart of Cranial Nerve Function

Cranial Nerve	Functions Affected
I Olfactory	**Motor** - Nil **Sensory** - Loss of sense of smell
II Optic	**Motor** - Nil **Sensory** - Loss of vision
III Oculomotor	**Motor** - Eye movement - paralysis of internal rectus, superior rectus, inferior rectus, inferior oblique **Sensory** - Nil **Clinical Presentation** - Divergent strabismus, diplopia, ptosis of lid - Dilated pupil, loss of light and accommodation reflex - Eyeball deviated outward and slightly downward
IV Trochlear	**Motor** - Paralysis of superior oblique **Sensory** - Nil **Clinical Presentation** - Slight convergent strabismus - Cannot look down and out - May hold head tilted - Difficulty descending stairs

Cranial Nerve	Functions Affected
V Trigeminal	**Motor** (via mandibular branch) - Paralysis of muscles of mastication - Paralysis of tensor tympani may result in impaired hearing **Sensory** - Face, sinuses, oral cavity, tongue, part of the ear and the eye - Corneal anesthesia may present early *1st Division (opthalmic)* - Sensory to forehead, upper eyelid, conjunctiva and side of the nose *2nd Division (maxillary)* - Sensory to posterior side of the nose, lower eyelid, cheek, upper lip and lateral side of the orbital opening including upper teeth and hard palate *3rd Division (mandibular)* - Sensory to lower lip and face, temporal regions and part of auricle - Muscles of mastication - Tensor tympani of the middle ear **Clinical Presentation** - Jaw deviates to affected side - Impaired hearing - Loss of corneal reflex
VI Abducens	**Motor** - Paralysis of external or lateral rectus **Sensory** - Nil **Clinical Presentation** - Convergent strabismus and diplopia - Eyeball deviated inward
VII Facial	**Motor (Bell's Palsy)** - Paralysis of superficial muscles of the face and scalp - Disturbance in secretion of lacrimal and parotid glands **Sensory** - Loss of taste from anterior 2/3 of tongue **Clinical Presentation** - Facial asymmetry with smiling - Sagging of muscles of face and eyelid - Mouth droops - Unable to close eye or wrinkle forehead - Decreased salivation

Cranial Nerve	Functions Affected
VIII Vestibulocochlear (Acoustic) (Auditory)	**Motor** - Nil **Sensory** - Cochlear portion: deafness - Vestibular portion: disorders of equilibrium **Clinical Presentation** - Cochlear portion: deafness, tinnitus - Vestibular portion: vertigo, nystagmus
IX Glossopharyngeal	**Motor** - Dysphagia **Sensory** - Loss over posterior pharynx **Clinical Presentation** - Loss of gag reflex - Orthostatic dizziness
X Vagus	**Motor** - Hoarseness, dysphagia **Sensory** - Pain or paresthesia of larynx, pharynx **Clinical Presentation** - Salivary gland dysfunction - Autonomic dysfunction of cardiopulmonary and gastrointestinal Systems

XI Spinal Accessory	**Motor** - Absence of cervical rotation - Absence of shoulder elevation **Sensory** - Nil **Clinical Presentation** - Cannot rotate head to healthy side or shrug affected shoulder - May have some dysphagia
XII Hypoglossal	**Motor** - Paralysis of tongue **Sensory** - Nil **Clinical Presentation** - Tongue deviates to affected side with protrusion

Chart 2 - Chart of Peripheral Nerve Function

Chart 2 describes what functions are affected as a result of **complete** loss of a peripheral nerve's function at its origin, unless otherwise specified.

Chart 2 may be used as a reference for rating loss of function of peripheral nerves.

Chart 2 - Chart of Peripheral Nerve Function

Peripheral Nerve	Functions Affected
Brachial plexus: **Upper Trunk** **(C5 and C6)** **(Erb Duchene palsy or waiter's tip)**	**Motor** Shoulder - loss of abduction, internal rotation, external rotation Elbow - loss of flexion **Sensory** Incomplete loss over lateral aspect of arm and forearm **Clinical Presentation** Limb hangs limply at side, rotated medially.
Brachial Plexus: **Middle Trunk** **(C7)**	**Motor** Rarely seen alone Paralysis of the triceps Elbow - loss of extension Wrist - weak extension Hands - weak extension **Sensory** Loss over radial aspect of forearm and hand
Brachial Plexus: **Lower Trunk** **(C8 and T1)** **(Klumpke's palsy)**	**Motor** Paralysis in all small muscles of hand May cause Horner's syndrome (T1). **Sensory** Radial side of forearm, hand and ulnar two fingers **Clinical Presentation** "Claw" hand Hyperextension MIP joints and flexion IP joint

Peripheral Nerve	Functions Affected
Radial **(C6, C7, C8 and T1)** **(musculospiral)**	**Motor** **At axilla** - paralysis Elbow - loss of extension Wrist - loss of extension Fingers - loss of extension Unable to grip firmly **At elbow** Elbow extension maintained Loss of extension of wrist and fingers **Sensory** Posterior aspect arm and forearm Lateral area dorsum of hand **Clinical Presentation** Thumb turned into palm
Median **(C6, C7, C8 and T1)**	***At Elbow*** **Motor** Wrist - weak flexion Thumb - loss of flexion Index and middle fingers - loss of flexion **Sensory** Loss over radial (lateral) aspect of palm Loss over palmar aspect of the radial 3 ½ fingers Total loss over tips of index and middle fingers **Clinical Presentation** Hand looks flattened or “apelike”. Atrophy of lateral forearm and thenar eminence Thumb at side of palm ***At Wrist*** **Motor** Thumb - cannot be opposed. Fingers - decreased ability to abduct **Sensory** As at elbow **Clinical Presentation** Thenar atrophy

Peripheral Nerve	Functions Affected
Ulnar **(C8, T1)**	***Above Elbow*** **Motor** Wrist - flexion weak with hand deviating to radial (lateral) side Fingers - loss of flexion PIP joints; loss of adduction; loss of abduction Thumb - loss of adduction **Sensory** Loss over ulnar (medial) portion of hand and ring finger; entire little finger **Clinical Presentation** "Claw" hand or "main en griffe" Ring and little finger hyperextended at MTP and flexed at PIP joints Atrophy medial aspect of forearm and hypothenar eminence ***Below Elbow*** **Motor** Wrist - flexion maintained Finger and thumbs as above
Musculocutaneous nerve of the arm **(C5 and C6)**	**Motor** **At elbow** Weakness in flexion and supination **Sensory** Loss over lateral side of forearm
Axillary **(circumflex)**	**Motor** Shoulder - weakness of flexion, extension and initiation of abduction Difficulty raising to horizontal position **Sensory** Loss of sensation over lower half of deltoid muscle **Clinical Presentation** Wasting over the shoulder
Long thoracic **(C5, C6, C7)**	**Motor** Shoulder - weakness in elevation beyond horizontal plane. Cannot raise arm above head. **Sensory** Nil **Clinical Presentation** Winged scapula

Peripheral Nerve	Functions Affected
Sciatic **(L4, L5, S1, S2, S3)**	**Motor** **At knee** Loss or weakness of flexion **At ankle, foot and toes** Complete paralysis **Sensory** Pain often present Loss over posterior and lateral aspects of leg and foot **Clinical Presentation** Foot drop Walks with steppage gait: lifts foot high Unable to stand on heel or toes
Femoral **(L2, L3 ,L4)** **(anterior crural)**	**Motor** Hip - loss of flexion Knee- loss of flexion **Sensory** May be pain Loss over medial side of thigh, leg and foot **Clinical Presentation** May steady thigh with hand when walking
Obturator **(L2, L3, L4)**	**Motor** Hip - weakness of external rotation and adduction **Sensory** Usually insignificant Minimal loss over medial side of thigh
Common Peroneal **(L4, L5, S1, S2)** **(external popliteal)** **(lateral popliteal)**	**Motor** Ankle and toes - loss of dorsiflexion **Sensory** Loss over lateral aspect of leg, foot and toes **Clinical Presentation** Foot drop and steppage gait Foot plantar flexed and inverted (equinovarus)
Superficial Peroneal **(L5, S1)** **(musculocutaneous nerve of the leg)**	**Motor** Foot - weakness or loss of eversion **Sensory** Dorsal and lateral surface of leg

Peripheral Nerve	Functions Affected
Deep Peroneal **(anterior tibial)**	**Motor** Ankle and toes - loss of dorsiflexion **Sensory** Loss over 1st webspace of the foot
Tibial **(L4, L5, S1, S2, S3)** **(posterior tibial internal popliteal)**	**Motor** Foot - loss of plantar flexion, adduction and inversion **Sensory** Causalgia common Loss over sole of the foot **Clinical Presentation** Toes separated Ankle dorsiflexed
Posterior Femoral Cutaneous **(S1, S2, S3)** **(small sciatic nerve)**	**Sensory** Loss over perineum and posterior surface of the thigh and leg
Lateral Cutaneous nerve of the thigh **(L2, L3)**	**Sensory** (meralgia paresthetica) Loss over the lower lateral quadrant of the buttock Loss over the lateral aspect of the thigh and knee
Ilioinguinal **(L1)**	**Sensory** Loss over perineum and upper medial thigh

Section 3

Determining Impairment Assessments of Seizure Disorders, Narcolepsy and Cataplexy, Headache Conditions and Miscellaneous Neurological Conditions

The tables used to rate impairment from seizure disorders, narcolepsy and cataplexy, headache conditions and miscellaneous neurological conditions are:

Table 20.6	Other Impairment - Seizures	This table is used to rate impairment from seizure disorders - major and minor.
Table 20.7	Other Impairment - Narcolepsy and Cataplexy	This table is used to rate impairment from narcolepsy and cataplexy.
Table 20.8	Other Impairment - Headaches	This table is used to rate impairment from headache conditions.
Table 20.9	Other Impairment - Miscellaneous Neurological	This table is used to rate impairment from miscellaneous neurological conditions.

Other Impairment - Seizures

Table 20.6 is used to rate impairment from seizure disorders. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one type of seizure disorder is to be rated from **Table 20.6**, the conditions are bracketed for assessment purposes.

When entitled seizure disorders result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Narcolepsy and Cataplexy

Table 20.7 is used to rate impairment from narcolepsy and cataplexy. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When entitled narcolepsy and cataplexy disorders result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Headaches

Table 20.8 is used to rate impairment from headache conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

If more than one type of headache is to be rated from **Table 20.8**, the conditions are bracketed for assessment purposes.

When rating migraine headaches, common auras such as scotomas and flashing lights are considered to be included in the **Table 20.8** rating. Migraine headaches associated with transient neurological deficits including but not limited to hemiplegia, dysarthria and ocular muscle weakness are rated on individual merits.

When entitled headache conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Miscellaneous Neurological Conditions

Table 20.9 is used to rate impairment from miscellaneous neurological conditions. One rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled miscellaneous neurological conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 20.6 - Other Impairment - Seizures

Only one rating may be given from **Table 20.6**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 20.6**, follow the "**ands**" and "**ors**".

TABLE 20.6 - LOSS OF FUNCTION - SEIZURES

Rating	Criteria
Nil	• Remote history of seizures with none in the previous 5-year period; **and** • No anti-convulsive medication required; **and** • No protective equipment required; **and** • No requirement for supervision.
Four	• Remote history of seizures with none in the previous 5-year period; **and** • Regular anti-convulsive medication required.
Nine	• An average of less than one major* seizure per year in the previous 5-year period; **or** • An average of less than one minor** seizure per week in the previous 12-month period; **and** • Regular anti-convulsive medication required.
Eighteen	• One major* seizure in the previous 12-month period; **or** • One minor** seizure per week in the previous 12-month period; **and** • Regular anti-convulsive medication required.

Thirty-five	• More than one major* seizure in the previous 12-month period but averages less than one major* seizure per month; **or** • Two to five minor** seizures per week in the previous 12-month period; **or** • Requires supervision for certain activities (e.g. swimming); **and** • Regular anti-convulsive medication required.
Fifty	• Averages one major* seizure per month in the previous 12-month period; **or** • Five to ten minor** seizures per week in the previous 12-month period; **or** • Requires protective equipment for safety reasons most of the time (e.g. helmet); **and** • Regular anti-convulsive medication required.
Eighty-five	• Averages more than one major* seizure per month in the previous 12-month period; **or** • More than 10 minor** seizures per week in the previous 12-month period; **or** • Requires constant supervision; **and** • Regular anti-convulsive medication required.

A ***major** seizure is characterized by generalized tonic-clonic convulsion with unconsciousness.

A ****minor** seizure is characterized by a brief interruption in consciousness or conscious control associated with staring, rhythmic eye blinking, or head nodding, or sudden jerking movements of the limbs and/or head, or sudden loss of postural control.

Steps to Determine Seizure Assessment

Step 1: Determine the rating from **Table 20.6** (Other Impairment - Seizures).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 20.7 - Other Impairment - Narcolepsy and Cataplexy

Only one rating may be given from **Table 20.7.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 20.7**, follow the "**ands**" and "**ors**".

Table 20.7 - Other Impairment - Narcolepsy and Cataplexy

Rating	Criteria
Four	• Narcoleptic attacks requiring no medication or intermittent use of medications; **or** • Cataplectic attacks requiring no medication or intermittent use of medications.
Nine	• Narcoleptic attacks requiring continuous use of medications; **or** • Cataplectic attacks requiring continuous use of medications.
Thirteen	• Narcoleptic attacks requiring continuous use of medications; **and** • Cataplectic attacks requiring continuous use of medications.
Eighteen	• Narcoleptic attacks **and/or** cataplectic attacks requiring continuous use of medications; **and** • Narcoleptic and/or cataplectic attacks which impact on the safety of self or others, despite continuous medications.

Steps to Determine Narcolepsy/Cataplexy Assessment

Step 1: Determine the rating from **Table 20.7** (Other Impairment - Narcolepsy and Cataplexy).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 20.8 - Loss of Function - Headaches

Only one rating may be given from **Table 20.8.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 20.8**, follow the "**ands**" and "**ors**".

Table 20.8 - Loss of Function - Headaches

Rating	Criteria
Two	• Headache experienced less than 30 days per year. Bed rest not required or may be occasionally required.
Four	• Headache experienced less than 30 days per year. Bed rest is required during most episodes; **or** • Headache experienced 30 - 100 days per year. Bed rest not required or may be occasionally required.
Nine	• Headache is experienced 30 - 100 days per year **or** headache is experienced on a weekly basis and bed rest is required during most episodes; **or** • Headache experienced on more than 100 days per year **or** lasts for at least two consecutive days on a weekly basis **or** headache is constant and unremitting. Bed rest not required or may be occasionally required.
Thirteen	• Headache experienced on more than 100 days per year **or** lasts for at least two consecutive days on a weekly basis **or** headache is constant and unremitting. Bed rest is required during most episodes.

Migraine headaches associated with transient neurological deficits including but not limited to hemiplegia, dysarthria and ocular muscle weakness is rated on individual merits.

Steps to Determine Headache Assessment

Step 1: Determine the rating from **Table 20.8** (Other Impairment - Headaches).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Table 20.9 - Other Impairment - Miscellaneous Neurological

Only one rating may be given for each entitled condition from **Table 20.9.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (·) represents one criterion. In order for a rating to be established for **Table 20.9**, only one criterion must be met at a level of impairment for that rating to be selected.

Table 20.9 - Other Impairment - Miscellaneous Neurological

Rating	Criteria
Four	• Documented cerebrovascular disease e.g. history of recurrent transient ischemic attacks; **or** • Cerebral aneurysms not surgically repaired; **or** • Facial tics (i.e. hemifacial spasm);**or** • Intermittent trigeminal neuralgia* (tic douloureux); **or** • Dysphagia from a neurological condition requiring avoidance of certain foods.
Nine	• Trigeminal neuralgia* (tic douloureux) on most days.
Thirteen	• Dysphagia with choking on liquids or semi-solid foods on a frequent basis.
Thirty-four	• Dysphagia with nasal regurgitation or aspiration on a frequent basis.
Seventy-one	• Dysphagia with inability to handle oral secretions without choking, requiring assistance and suctioning.

***Trigeminal neuralgia with intractable pain (severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities) is rated on individual merits.**

Steps to Determine Miscellaneous Neurological Assessment

Step 1: Determine the rating from **Table 20.9** (Other Impairment -Miscellaneous Neurological).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment.

Note: If more than one entitled condition requires rating from **Table 20.9**, the steps must be repeated.

Chapter 21
PSYCHIATRIC IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled psychiatric conditions.

For VAC disability assessment purposes, this chapter is only used to assess chronic psychiatric conditions where the diagnosis has been established according to the "Diagnostic Statistical Manual of Mental Disorders" (DSM).

The criteria in this chapter are used to assess the following psychiatric conditions:

- adjustment disorders
- anxiety disorders
- bipolar and related disorders
- depressive disorders
- dissociative disorders
- feeding and eating disorders
- mood disorders
- obsessive-compulsive and related disorders
- *pain disorders / chronic pain syndrome
  Note: only applies to DSM-IV-TR Axis I diagnosis
- personality disorders
- schizophrenia (spectrum) and other psychotic disorders
- **somatic symptom disorder with predominant pain
- substance–related (and addictive) disorders
- trauma-and stressor-related disorders

*DSM-IV-TR somatoform disorders (excluding pain disorders) are rated on individual merits.

**DSM-5 somatic symptom and related disorders (excluding somatic symptom disorder with predominant pain) are rated on individual merits.

There is considerable overlap in the presenting signs, symptoms and effect on function (medical impairment) of psychiatric conditions. It is difficult to determine the extent to which each psychiatric condition contributes to the medical impairment. For this reason, the disability assessment of an entitled psychiatric conditions(s) includes the medical impairment resulting from both entitled and non-entitled psychiatric conditions.

If a non-entitled psychiatric condition(s) contributes to the psychiatric disability assessment, the Partially Contributing Table is not applied.

For example, in the presence of entitled Posttraumatic Stress Disorder and non-entitled Substance Use Disorder, the disability assessment of Posttraumatic Stress Disorder will include the signs and symptoms of both psychiatric conditions.

If conditions which are not assessed in chapter 21 (e.g., dementia, postconcussion syndrome, fibromyalgia syndrome) contribute to the medical impairment, the Partially Contributing Table must be applied.

If more than one condition is to be rated from this chapter, the conditions are bracketed for assessment purposes.

The emphasis in this chapter is on rating psychiatric conditions, as seen by the effect of the condition(s) on emotion, behaviour, thought, cognition, coping (adaptability), the basic activities of daily living, and treatment needs. The effects of the psychiatric condition on personal relationships, social functioning, and activities of independent living (meal preparation, shopping, home care, etc.) are rated in Chapter 2, Quality of Life.

Under **Tables 21.1 - 21.4**, no signs or symptoms may be rated twice. Emotional and behavioural features or symptoms associated with physical disorders that do not meet DSM criteria are assessed as part of the physical condition and should not be rated within this chapter.

Assessing psychiatric impairment requires a thorough review of the history of the psychiatric disorder and the individual's signs and symptoms over time. Symptoms from a psychiatric disability can fluctuate in severity. It is important to obtain and evaluate Member/Veteran/Client information over at least a 6-month to 1-year period (with attention given to his or her worst and/or best period of functioning).

Impairment from neurological conditions which affect cognition (e.g., dementia, postconcussion syndrome) is rated within Chapter 20, Neurological Impairment.

When entitled psychiatric conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Rating Tables

This chapter contains three “Loss of Function” tables and one “Other Impairment” table which may be used to rate entitled psychiatric conditions.

The tables within this chapter are:

Table 21.1	Loss of Function - Thought and Cognition	This table is used to rate impairment of thought and cognition.
Table 21.2	Loss of Function - Emotion, Behaviour and Coping (Adaptability)	This table is used to rate impairment of emotion, behaviour and coping.
Table 21.3	Loss of Function - Activities of Daily Living	This table is used to rate impairment of activities of daily living.
Table 21.4	Other Impairment - Treatment Needs	This table is used to rate impairment associated with treatment needs.

Loss of Function - Thought and Cognition

Table 21.1 is used to rate impairment from psychiatric conditions that affect thought and cognition. The table contains two columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

The frequency, severity and duration of the psychiatric signs and symptoms are of major consideration when rating impairment. The signs and symptoms associated with disturbances of thought and cognition represent various points on the spectrum from normal to severe/extreme abnormal functioning.

In rating impairment from psychiatric conditions, the following areas of thought and cognition are considered: thinking processes, perception, and cognition.

The thinking process is the mental ability to appraise, evaluate, plan, create and will. Both the stream and content of thought are evaluated in the consideration of the thinking process. Disturbances of thought include: delusions, paranoia, preoccupation, obsession, phobia, cloudiness of thinking, disorientation, incoherence, loosening of association, flight of ideas, hypervigilance, suicidal ideation, rumination, and suspiciousness, etc.

Perception is the transference of physical stimulation into psychological information (mental process by which sensory stimuli are brought to awareness). Disturbances of perception include: hallucinations, illusions and dissociative phenomena such as derealization and depersonalization.

Cognition is the ability to sustain focussed attention for sufficient time to permit the timely completion of tasks (concentration), acquisition of knowledge (learning), retention and recall of knowledge (memory), and use of knowledge (reasoning and problem solving). Disturbances of cognition include: memory loss (immediate or remote), amnesia, paramnesia, disorientation to place, person and time, inability to think abstractly or understand concepts, and the inability to initiate decisions and perform planned activities.

Concentration is described in terms of frequency of errors, the time it takes to complete the task, and the extent to which assistance is required to complete the task.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Table 21.2 is used to rate impairment from psychiatric conditions that affect emotion, behaviour and coping (adaptability). The table contains three columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

Emotional and behavioural impairment is based on the severity, frequency and duration of the disturbances in mood, affect, and behaviour and the adaptability of the individual's emotions and behaviour to changes in the environment.

Both mood and affect are considered when evaluating emotional state.

Mood refers to the predominant emotion such as: sadness, depression, fear, anxiety, panic, hopelessness, mania, anger, or hostility, etc. It has both a subjective (described by self) and objective (observed or described by others) component. The duration (persistence of mood measured in days, weeks or years), reactivity (mood change in response to external events or circumstances) and depth or severity of the mood are important indicators of impairment.

Affect refers to the expression and expressivity of the emotion. An important indicator of impairment is the capacity or limitation to vary emotional expression in concert with

thought processing. Affect is described in terms of range and intensity (full, constricted, flat and blunted), change pattern (fluid, monotonic, labile), and appropriateness (different from what would be expected).

Behaviour refers to deportment or conduct. It includes any or all total activity, especially that which can be externally observed. Both the specific behaviour(s) and the frequency of that behaviour are important indicators of impairment.

Coping (adaptability) in this context refers to the ability to adapt to stressful circumstances (stress tolerance). In the face of stressful situations or experiences (e.g. therapist moves, death in the family, home relocation, etc.), the individual may experience an increase or worsening of symptoms or behaviours (e.g. substance abuse, panic attacks, somatic complaints, etc.) associated with his or her psychiatric disorder.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Loss of Function - Activities of Daily Living

Table 21.3 is used to rate impairment from psychiatric conditions that impact activities of daily living. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Activities of daily living include personal hygiene (bathing and grooming) tasks, dressing, eating, transfers/bed mobility, locomotion, and bowel and bladder control.

The quality of these activities is judged by the level of independence, effectiveness, and sustainability. It is necessary to determine the extent to which an individual is capable of initiating and participating in these activities independent of supervision or direction. The number of activities that are restricted is not as important as the overall degree of restriction.

The effects of the psychiatric illness on independent or instrumental activities of daily living (IADLs) such as shopping, home care, and meal preparation etc., are evaluated in the Quality of Life Chapter.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Other Impairment - Treatment Needs

Table 21.4 is used to rate impairment associated with treatment needs. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

A variety of treatment options are available for persons with psychiatric conditions. These include medication/drug regimes, self-help and support groups, therapy/counselling from a licenced counsellor/general practitioner, regular therapy by a psychiatrist on an outpatient basis, in-patient care (short or longer duration), and institutional care.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Definition of Terms

The following terms are used within **Tables 21.1 - 21.4**.

Rare = at least once per year
Occasional = once or twice per month
Frequent = at least once per week
Persistent = daily or almost daily

To rate all psychiatric conditions, a rating is obtained from each table, **Table 21.1** to Table **21.4**. When a rating is applicable from more than one table, the ratings are **added.**

Table 21.1 - Loss of Function - Thought and Cognition

Only one rating may be given from **Table 21.1**. Each column in **Table 21.1** is rated independently. If more than one rating is applicable within a column, the **highest** rating is selected as the column rating. The ratings from each column are then **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for each column in **Table 21.1**, only one criterion must be met at a level of impairment.

Table 21.1 - Loss of Function - Thought and Cognition

Rating	Criteria	
	Memory and Concentration	**Thought and Perception**
Nil	• No impairment of memory or concentration.	• No impairment of thought or perception.
Five	• Subjective, but no objective, memory loss or concentration deficit; **or** • One or two amnestic episodes (memory gaps).	• Frequent overvalued ideas or ideas of reference but distractable with no frank delusions; **or** • Occasional suspiciousness with no frank delusions; **or** • Preoccupation with orderliness, perfectionism and control; **or** • Preoccupation with a specific idea or a general theme; **or** • Occasional perceptual disturbance such as depersonalization and derealization; **or** • Frequent thoughts of suicide without specific plan, gestures or threats; **or** • Ideas of guilt and rumination over past errors and/or survivor's guilt; **or** • Thoughts of inadequacy and inferiority in comparison with others with life interference; **or** • Recurrent obsessions that are severe enough to be time consuming (take more than one hour per day); **or** • Sense of loss of control/impaired control over eating behaviour, but no action taken (e.g. vomiting, misuse of diuretics, etc.); **or** • Distorted perception of body shape and/or weight.
Ten	• Subjective and mild to moderate objective memory loss and/or concentration deficit; **or** • Multiple amnestic episodes (memory gaps).	• Some slowness of thought or speech; **or** • Frequent suspiciousness but distractable with no frank delusions; **or** • Frequent perceptual disturbance such depersonalization and derealization; **or** • Persistent thoughts of suicide with or without specific plan, but there are no gestures or threats.

Rating	Criteria	
	Memory and Concentration	**Thought and Perception**
Fifteen	• Severe objective memory loss and/or concentration deficit.	• Marked slowness of thought or speech or flight of ideas; **or** • Pressured and/or tangential speech; **or** • Occasional perceptual disturbances such as illusions; **or** • Persistent suspiciousness with no frank delusions; **or** • Persistent overvalued ideas or ideas of reference with no frank delusions.
Twenty		• Persistent bizarre and non-bizarre delusions with insight (e.g. sense of being followed or watched); **or** • Perceptual disturbances including frequent illusions or occasional hallucinations; **or** • Disorientation which responds correctly to prompting; **or** • Homicidal ideation with no plan in place; **or** • Persistent perceptual disturbance such as depersonalization and derealization.
Thirty		• Persistent illusions or frequent hallucinations; **or** • Homicidal plan.
Thirty-five		• Persistent incoherent speech; **or** • Persistent frank or bizarre delusions with no insight; **or** • Persistent hallucinations; **or** • Disorientated in all spheres.

Table 21.2 - Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Only one rating may be given from **Table 21.2**. Each column in **Table 21.2** is rated independently. If more than one rating is applicable within a column, the **highest** rating is selected as the column rating. The ratings from each column are then **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for each column in **Table 21.2**, only one criterion must be met at a level of impairment.

Table 21.2 - Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Nil	• Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.	• Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.	• Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Five	• Occasional depressive or euphoric mood; **or** • Occasional subjective anxiety with physiologic concomitants; **or** • Lack of empathy or remorse as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another; **or** • Occasional to frequent irritability/anger with life interference; **or** • Rare panic attacks.	• Rare manic behaviour with life interference; **or** • Rare re-experiencing of past traumatic events with minimal avoidance; **or** • Occasional nervous behaviour such as hand wringing, trembling, pacing, etc.; **or** • Occasional avoidance of particular events or objects with life interference; **or** • Rare obsessive/compulsive symptoms with life interference; **or** • Dependance on others as evidenced by submissive and clingy behaviour or inability to make decisions; **or** • Occasional preoccupation with physical health concerns with life interference; **or** • Insomnia, with up to 120 minutes loss of sleep most nights each week with daytime somnolence; **or** • Occasional use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); **or** • Eating disorder with maintenance of body weight at greater than 90% of expected.	• Coping is adequate, but reacts to stress with some degree of anxiety or agitation; **or** • Efforts to avoid real or imagined abandonment; **or** • Rare failure to conform to social norms with respect to lawful behaviours.

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Ten	• Frequent to persistent subjective anxiety with physiologic concomitants; **or** • Occasional panic attacks.	• Occasional manic behaviour with life interference; **or** • Occasional re-experiencing of past traumatic events with avoidance and hyperarousal; **or** • Frequent to persistent avoidance of particular events or objects with life interference; **or** • Occasional obsessive/compulsive symptoms with life interference; **or** • Occasional vegetative symptoms, (e.g. psychomotor retardation or decreased appetite); **or** • Frequent preoccupation with physical health concerns with requests for specific intervention; **or** • Insomnia, more than 120 minutes loss of sleep most nights each week with daytime somnolence; **or** • Rare self-mutilating behaviour; **or** • Rare suicidal gestures/threats; **or** • Frequent use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); **or** • Eating disorder with maintenance of body weight at 85 - 90% of expected.	• Occasional difficulty adapting to stressful circumstances (e.g. some difficulty coping and reacts to stress with worsening of behavioural symptoms); **or** • Occasional impulsiveness in areas that are potentially self-damaging; **or** • Brief and transient stress-related paranoid ideation.

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Fifteen	• Frequent depressive or euphoric mood.	• Frequent nervous behaviour such as hand wringing, trembling, agitation and pacing; **or** • Frequent obsessive/compulsive symptoms with life interference; **or** • Frequent irritability or anger with displays of verbal or physical aggression; **or** • Occasional self-mutilating behaviour; **or** • Occasional suicidal gestures/threats; **or** • Two or more distinct identities or personality states that recurrently take control of behaviour; **or** • Persistent use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); **or** • Eating disorder with maintenance of body weight at 75 - 84% of expected • Diet restricted to only a few foods.	• Frequent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation or marked worsening of behavioural symptoms); **or** • Recurrent failure to conform to social norms with respect to lawful behaviours; **or** • Frequent impulsiveness in areas that are potentially self damaging.

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Twenty	• Persistent depressive or euphoric mood; **or** • Frequent panic attacks with avoidance.	• Frequent manic behaviour with life interference; **or** • Frequent re-experiencing of past traumatic events with significant - hyperarousal - avoidance and/or numbing; **or** • Persistent obsessive/compulsive symptoms with life interference; **or** • Frequent vegetative symptoms; **or** • Frequent to persistent self-mutilating behaviour; **or** • Frequent to persistent suicidal gestures/threats; **or** • Eating disorder with maintenance of body weight at 70 - 74% of expected.	• Persistent anxiety from stress and needs help coping with most complex or new situations; **or** • Brief (minutes – hours) psychotic episodes in response to stress.
Thirty	• Persistent recurrent panic attacks with significant avoidance.	• Persistent manic behaviour with life interference; **or** • Persistent re-experiencing of past traumatic events with marked - hyperarousal - avoidance and/or numbing; **or** • Persistent nervous behaviour such as hand wringing, trembling, agitation and pacing; **or** • Persistent vegetative symptoms; **or** • Persistent marked irritability or anger with displays of physical and verbal abuse; **or** • Serious suicidal attempt(s).	• Inability to adapt to everyday circumstances. Extreme agitation in response to stress; **or** • Severe dissociative symptoms in response to stress.

Rating	Criteria		
	Emotion	**Behaviour**	**Coping**
Thirty-five	• Persistent episodes of mood elevation alternating rapidly with depressed mood. (Rapid Cycling)	• Serious homicidal attempt(s); or • Eating disorder with maintenance of body weight at less than 70% of expected.	• Marked regression in response to stress; or • Psychosis (greater than 24 hours duration) in response to stress.

Table 21.3 - Loss of Function - Activities of Daily Living

Only one rating may be given from **Table 21.3**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 21.3**, only one criterion designated at that rating level must be met.

Table 21.3 - Loss of Function - Activities of Daily Living

Rating	Criteria
Nil	• Transfers*, ambulates, eats, bathes, and grooms without assistance.
Two	• Requires occasional prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Five	• Requires frequent prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Ten	• Requires daily prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.

Fifteen	• Requires daily prompting or reminders **and** assistance with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Twenty	• Requires assistance with all aspects of transferring*, locomotion, eating, bathing and/or grooming.
Twenty-five	• Totally dependent on caregiver for basic activities of daily living (transfers*, locomotion, eating, bathing and/or grooming).

***Transfers/Transferring** indicates the ability to move from bed to chair, from chair to bed, etc.*

Table 21.4 - Other Impairment - Treatment Needs

Only one rating may be given from **Table 21.4**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 21.4**, only one criterion designated at that rating level must be met.

Table 21.4 - Other Impairment - Treatment Needs

Rating	Criteria
Nil	• No regular* treatment sought or recommended.
Five	• Medication recommended and/or prescribed; **or** • Regular* attendance at a self-help program/peer support group (e.g. AA, NA, OSISS etc.); **or** • Infrequent, (less than once a month) therapy from licenced counsellor/general practitioner/psychiatrist.
Seven	• Need for regular* monthly therapy from a licenced counsellor/general practitioner/psychiatrist.
Ten	• Requiring three or more medication changes in a one year period; **or** • Attending intensive therapy (more than once a month), from a licenced counsellor/general practitioner/psychiatrist on a regular* basis (e.g. prolonged exposure psychotherapy, cognitive behavioural psychotherapy (CBT), eye movement desensitization and reprocessing (EMDR).
Twelve	• Inpatient hospital care for less than 3 months, within the last 2 years.
Fifteen	• Inpatient hospital care for 3 months or greater within the last 2 years **and** long term drug regimen(s) recommended/required.
Twenty	• Continuous treatment. Institutional care.

* Regular: recurring at fixed intervals.

Steps To Determine Psychiatric Impairment Assessment

Step 1: Determine the rating from each column of **Table 21.1** (Loss of Function - Thought and Cognition). Select the **highest**.

Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the Step 1 rating.

Step 3: Determine the rating from **Table 21.2** (Loss of Function - Emotion, Behaviour and Coping). Select the **highest**.

Step 4: Does the Partially Contributing Table apply? If **yes**, apply to the Step 3 rating.

Step 5: Determine the rating from **Table 21.3** (Loss of Function - Activities of Daily Living).

Step 6: Does the Partially Contributing Table apply? If **yes**, apply to the Step 5 rating.

Step 7: Determine the rating from **Table 21.4** (Other Impairment - Treatment Needs).

Step 8: Does the Partially Contributing Table apply? If **yes**, apply to the Step 7 rating.

Step 9: Add ratings at Step 2, Step 4, Step 6 and Step 8.

Step 10: Determine the Quality of Life rating.

Step 11: Add ratings at Step 9 and Step 10.

Step 12: If partial entitlement exists, apply to Step 11 rating.

This is the Disability Assessment.

Chapter 22
SKIN IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled skin conditions.

Skin conditions vary widely in severity over periods of time; therefore, when assessing a permanent impairment of the skin, consideration must be given to the pattern of the signs and symptoms of the skin condition.

Various factors are used to determine the level of skin impairment. These factors include:

- The *nature* of the skin condition(s). Skin conditions that scale, weep, crust, bleed or that cause fissures or erosions warrant a higher impairment rating.
- The *symptoms* presented. Skin conditions that are pruritic and/or cause discomfort/pain warrant a higher impairment rating.
- The *extent* of skin involved. In general, the greater the surface area involved, the greater the impairment rating.
- The *location* of the lesion(s). In general, skin conditions of the face and hands warrant a higher impairment rating than those elsewhere on the body.
- The *treatment* required. In general, skin conditions that require continuous treatment warrant a higher rating than those that require only intermittent or no treatment. Skin conditions that require systemic treatment instead of or in addition to topical treatment warrant a higher rating than those requiring topical treatment alone.

When assessing a permanent impairment of the skin, the functional loss includes disfigurement.

Skin conditions with complications of severe systemic or life threatening infections are rated on individual merits.

An additional rating may be obtained from Chapter 17, Musculoskeletal Impairment in cases where skin conditions result in scarring and contractures causing a loss of joint function.

A rating is **not** given from this chapter for the conditions listed below. Each bullet indicates the appropriate chapter to be used.

- Impairment from skin conditions caused by varicose veins, peripheral vascular arterial disease and deep vein thrombosis is rated within Chapter 13, Hypertension and Vascular Impairment.

- Impairment from diabetic foot ulcers is rated within Chapter 15, Endocrine and Metabolic Impairment.

- Impairment from skin conditions as a result of osteomyelitis is rated within Chapter 17, Musculoskeletal Impairment.

Impairment from malignant skin conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains six “Loss of Function” tables, three “Other Impairment” tables and one diagram, the “Rule of Nines” which may be used to rate entitled skin conditions.

The tables and diagram within this chapter are:

Table 22.1	Loss of Function - Skin - Face and Scalp	This table is used to rate impairment from skin conditions of the face and scalp.
Table 22.2	Loss of Function - Skin - Hands	This table is used to rate impairment from skin conditions of the hands.
Table 22.3	Loss of Function - Skin - Feet	This table is used to rate impairment from skin conditions of the feet.
Table 22.4	Loss of Function - Skin - Genitalia	This table is used to rate impairment from skin conditions of the genitalia.
Table 22.5	Loss of Function - Skin - Generalized	This table is used to rate impairment from generalized skin conditions.
Table 22.6	Loss of Function - Nails	This table is used to rate impairment from nail conditions.

Table 22.7	Other Impairment - Superficial Gunshot Wounds and Scars - Face	This table is used to rate impairment from superficial gunshot wounds and scars of the face.
Table 22.8	Other Impairment - Superficial Gunshot Wounds and Scars - Hands	This table is used to rate impairment from superficial gunshot wounds and scars of the hands.
Table 22.9	Other Impairment - Superficial Gunshot Wounds and Scars - Other	This table is used to rate impairment from superficial gunshot wounds and scars **other than** of the face and hands.
Diagram 22A	Rule of Nines	This diagram is used to estimate the percent of affected body surface.

Loss of Function - Skin - Face and Scalp

Table 22.1 is used to rate impairment from skin conditions of the face and scalp. This table has three columns. One rating is chosen from each of the three columns. All three ratings are **added** to arrive at the **Table 22.1** rating.

When entitled skin conditions of the face and scalp result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Skin - Hands

Table 22.2 is used to rate impairment from skin conditions of the hands. The hands are rated together. This table has three columns. One rating is chosen from each of the three columns. All three ratings are **added** to arrive at the **Table 22.2** rating.

When entitled skin conditions of the hands result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Skin - Feet

Table 22.3 is used to rate impairment from skin conditions of the feet. The feet are rated together. This table has three columns. One rating is chosen from each of the three columns. All three ratings are **added** to arrive at the **Table 22.3** rating.

When entitled skin conditions of the feet result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Skin - Genitalia

Table 22.4 is used to rate impairment from skin conditions of the genitalia/perineum. This table has three columns. One rating is chosen from each of the three columns. All three ratings are then **added** to arrive at the **Table 22.4** rating.

When entitled skin conditions of the genitalia result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Skin - Generalized

Table 22.5 is used to rate impairment from generalized skin conditions. This table has three columns. One rating is chosen from each of the three columns. All three ratings are **added** to arrive at the **Table 22.5** rating.

This table is used to determine an impairment rating in the following circumstances:

- The entitled skin condition affects an area not rated by a site specific table within this chapter; **and/or**

- Two or more specific body areas (excluding the nails) are affected by the same entitled skin condition.

To determine the extent of skin involvement for **Table 22.5**, Diagram 22A, the “Rule of Nines”, is utilized. The “Rule of Nines” figure divides the entire body skin surface into sections where each section equals a percentage of total body surface area, as noted below:

- head and neck - 9%
- each hand and arm - 9%
- palmar surface of hand - 1%
- each foot and leg - 18% (9% anterior foot and leg; 9% posterior foot and leg)
- anterior trunk - 18%
- posterior trunk (including buttocks) - 18%
- perineum - 1%.

Note: Approximations must be carried out when applying the ‘Rule of Nines’ when only a portion of a body surface area is involved.

When entitled generalized skin conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Nails

Table 22.6 is used to rate impairment from nail conditions on the hands and the feet. This table has two columns. One rating is chosen from each of the two columns. Both ratings are **added** to arrive at the **Table 22.6** rating.

When entitled nail conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the pensioned condition(s) rated within this table.

Other Impairment - Superficial Gunshot Wounds and Scars - Face

Table 22.7 is used to rate impairment from superficial gunshot wounds and scars of the face. Total surface area of all scars on the face is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are **added** to arrive at the **Table 22.7** rating.

*** Burn scars are rated from the site specific tables and/or Table 22.5 - Skin - Generalized within this chapter. Burn scars are not rated from Table 22.7.**

When entitled superficial gunshot wounds and scars of the face and scalp result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Superficial Gunshot Wounds and Scars - Hands

Table 22.8 is used to rate impairment from superficial gunshot wounds and scars of the hands. Total surface area of all scars on the hands is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are **added** to arrive at the **Table 22.8** rating.

*** Burn scars are rated from the site specific tables and/or Table 22.5 - Skin - Generalized within this chapter. Burn scars are not rated from Table 22.8.**

When entitled superficial gunshot wounds and scars of the hands result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Superficial Gunshot Wounds and Scars - Other

Table 22.9 is used to rate impairment from superficial gunshot wounds and scars other than of the face and hands. Total surface area of all scars other than of the face and hands is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are **added** to arrive at the **Table 22.9** rating.

*** Graft and skin donor site conditions are rated from this table.**
*** Scars of the scalp are rated in Table 22.9.**
*** Burn scars are rated from the site specific tables and/or Table 22.5 - Skin - Generalized within this chapter. Burn scars are not rated from Table 22.9.**

When entitled superficial gunshot wounds and scars of areas, other than the face and hands, result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 22.1 - Loss of Function - Skin - Face and Scalp

Only one rating may be given from a column in **Table 22.1** for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the **highest** is selected. The ratings from **each** column are **added** for each entitled condition.

Male pattern baldness is assessed at nil.

Table 22.1 - Loss of Function - Skin - Face and Scalp

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; **or** No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment required.
One	Minimal burn scar or rash involving up to 1/8 of scalp or face.		Oral antihistamines **and/or** topical therapy required.
Two	Greater than 1/8 to 1/4 face **and/or** 1/4 scalp.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **or** Burn scar adherent to underlying tissue **or** loss of subcutaneous tissue.	Systemic (excluding antihistamines) **and/or** surgical **and/or** laser **and/or** ultraviolet therapy required on a regular, ongoing basis.
Four	Greater than 1/4 to ½ face **and/or** scalp.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **and** Oozing **and/or** ulceration **and/or** blistering (bulla) **and/or** crusting **and/or** weeping **and/or** fissuring with or without secondary infection; **or** Burn scar adherent to underlying tissue **and** loss of subcutaneous tissue; **or** Scalp alopecia (other than male pattern baldness).	
Seven	More than ½ face **and/or** more than ½ scalp.	Alopecia (scalp and all facial hair).	

Steps to Determine Skin (Face and Scalp) Impairment Assessment

Step 1: Determine the rating from **Table 22.1** (Loss of Function - Skin - Face and Scalp).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.2 - Loss of Function - Skin - Hands

Only one rating may be given from a column in **Table 22.2** for each entitled condition. **The hands are rated together.** If more than one rating is applicable for an entitled condition within a column, the **highest** is selected. The ratings from **each** column are **added** for each entitled condition.

Table 22.2 - Loss of Function - Skin - Hands

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; **or** No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment **or** intermittent treatment required.
One	Minimal burn scar **and/or** rash involving up to 1/4 of hands.		Oral antihistamines **and/or** topical therapy required.
Two	Greater than 1/4 up to ½ of hands.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **or** Burn scar adherent to underlying tissue **or** loss of subcutaneous tissue.	Systemic (excluding antihistamines) **and/or** surgical **and/or** laser **and/or** ultraviolet therapy required on a requlr ongoing basis.
Four	Greater than ½ to 3/4 of hands.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **and** Oozing **and/or** ulceration **and/or** blistering (bulla) **and/or** crusting **and/or** weeping **and/or** fissuring with or without secondary infection; **or** Burn scar adherent to underlying tissue **and** loss of subcutaneous tissue.	
Seven	More than 3/4 of hands.		

Steps to Determine Skin (Hands) Impairment Assessment

Step 1: Determine the rating from **Table 22.2** (Loss of Function - Skin - Hands).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 22.3 - Loss of Function - Skin - Feet

Only one rating may be given from a column in **Table 22.3** for each entitled condition. **The feet are rated together.** If more than one rating is applicable for an entitled condition within a column, the **highest** is selected. The ratings from **each** column are **added** for each entitled condition.

Table 22.3 - Loss of Function - Skin - Feet

Rating	Extent of skin involvement	Signs and symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; **or** No pruritus, pain, discomfort, or scaling present. No weeping, oozing, ulceration, blistering, (bulla), crusting, nor fissuring.	No treatment or intermittent treatment required.
One	Minimal burn scar and/or rash involving up to 1/4 of feet.		Oral antihistamines **and/or** topical therapy required.
Two	Greater than 1/4 to ½ of feet.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **or** Burn scar adherent to underlying tissue **or** loss of subcutaneous tissue.	Systemic (excluding antihistamines) **and/or** surgical **and/or** laser **and/or** ultraviolet therapy required on regular ongoing basis.
Three	Greater than ½ to 3/4 of feet.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **and** Weeping **and/or** oozing **and/or** ulceration **and/or** blistering **and/or** crusting **and/or** fissuring with or without secondary infections; **or** Burn scar adherent to underlying tissue **and** loss of subcutaneous tissue.	
Four	More than 3/4 of feet.		

Steps to Determine Skin (Feet) Impairment Assessment

Step 1: Determine the rating from **Table 22.3** (Loss of Function - Feet).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 22.4 - Loss of Function - Skin - Genitalia

Only one rating may be given from a column in **Table 22.4** for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the **highest** is selected. The ratings from **each** column are **added** for each entitled condition.

Table 22.4 - Loss of Function - Skin - Genitalia

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; **or** No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment **or** intermittent treatment required.
One	Minimal burn scar **and/or** rash and involving up to 1/8 of genitalia **and/or** perineum.		Oral antihistamines **and/or** topical therapy required.
Two	Greater than 1/8 up to 1/4 of genitalia **and/or** perineum.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **or** Burn scar adherent to underlying tissue **or** loss of subcutaneous tissue.	Systemic (excluding antihistamines) **and/or** surgical **and/or** laser **and/or** ultraviolet therapy required on a requlr ongoing basis.
Three	Greater than 1/4 to ½ of genitalia **and/or** perineum.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **and** Oozing **and/or** ulceration **and/or** blistering (bulla) **and/or** crusting **and/or** weeping **and/or** fissuring with or without secondary infection; **or** Burn scar adherent to underlying tissue **and** loss of subcutaneous tissue.	

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Four	Greater than ½ of genitalia **and/or** perineum.		

Steps to Determine Skin (Genitalia) Impairment Assessment

Step 1: Determine rating from **Table 22.4** (Loss of Function - Genitalia).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.5 - Loss of Function - Skin - Generalized

Only one rating may be given from a column in **Table 22.5** for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the **highest** is selected. The ratings from **each** column are **added** for each entitled condition.

Diagram 22A, the "Rule of Nines" is used to determine the extent of skin involvement in **Table 22.5.** Approximations may be necessary when using the "Rule of Nines" when only a portion of body surface area is involved.

Table 22.5 - Loss of Function - Skin - Generalized

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment required.
One	Minimal burn scar **and/or** rash less than 3 square inches (18.75 cm^2).	Burn scar, well healed, non-tender, non-adherent, no loss of subcutaneous tissue.	Oral antihistamines **and/or** topical therapy required.
Two	Greater than 3 square inches (18.75 cm^2) and up to 18% of skin surface.	Pruritus **and/or** pain **and/or** discomfort **and/or** scaling; **or** Burn scar adherent to underlying tissue **or** loss of subcutaneous tissue; **or** Alopecia (patchy loss of body hair).	
Four	19 to 27% of skin surface.	Burn scar adherent to underlying tissue **and** there is loss of subcutaneous tissue.	
Nine		Oozing **and/or** ulceration **and/or** blistering (bulla) **and/or** crusting **and/or** weeping **and/or** fissuring with or without secondary infection; **or** Alopecia universalis.	Systemic (excluding antihistamines) **and/or** surgical **and/or** laser **and/or** ultraviolet therapy required on a requlr ongoing basis.
Thirteen	28 to 36% of skin surface.		

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Eighteen	37 to 45% of skin surface.		
Twenty-one	46% to 54% of skin surface.		
Thirty-one	Greater than 54% of skin surface.		

Steps to Determine Skin (Generalized) Impairment Assessment

Step 1: Determine the rating from **Table 22.5** (Loss of Function - Skin - Generalized)**.**

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.6 - Loss of Function - Nails

Only one rating may be given from **each** column in **Table 22.6** regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the **highest** is selected as the column rating. The ratings from **each** column are **added**.

Table 22.6 - Loss of Function - Nails

Rating	Extent of Involvement	Treatment
Nil	No current active involvement.	No treatment required.
One	Involvement of up to 3 nails total on hands **and/or** feet.	Prescribed treatment required on an intermittent basis.
Two	Involvement of more than 3 nails total on hands **and/or** feet.	Prescribed treatment required on a regular ongoing basis.

Steps to Determine Nail Impairment Assessment

Step 1: Determine the rating from **Table 22.6** (Loss of Function - Nails).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.7 - Other Impairment - Superficial Gunshot Wounds and Scars - Face

Only one rating may be given from **each** column in **Table 22.7** regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the **highest** is selected as the column rating. The ratings from **each** column are **added**.

Table 22.7 - Other Impairment - Superficial Gunshot Wounds and Scars - Face

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil		Tenderness may be present.
One	Scar(s) up to or equal to ½ square inch (1.5 cm^2).	
Two	Scar(s) greater than ½ square inch (1.5 cm^2) but less than 1 square inch (6.5 cm^2).	Adherence to underlying tissue; **or** Loss of subcutaneous tissue; **or** Keloid formation.
Three	Scar(s) equal to or greater than 1 square inch (6.5 cm^2).	

Cases of severe disfigurement are rated on individual merits.

Steps to Determine Superficial Gunshot Wounds and Scars (Face) Impairment Assessment

Step 1: Determine the rating from **Table 22.7** (Other Impairment - Superficial Gunshot Wounds and Scars - Face).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.8 - Other Impairment - Superficial Gunshot Wounds and Scars - Hands

Only one rating may be given from **each** column in **Table 22.8** regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the **highest** is selected as the column rating. The ratings from **each** column are **added**.

Table 22.8 - Other Impairment - Superficial Gunshot Wounds and Scars - Hands

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil	Scar(s) up to or equal to ½ square inch (1.5 cm^2).	Tenderness may be present.
One	Scar(s) greater than ½ square inch (1.5 cm^2) but less than 1 square inch (6.5 cm^2).	Adherence to underlying tissue; **or** Loss of subcutaneous tissue; **or** Keloid formation.
Two	Scar(s) equal to or greater than 1 square inch (6.5 cm^2).	

Steps to Determine Superficial Gunshot Wounds and Scars (Hands) Impairment Assessment

Step 1: Determine the rating from **Table 22.8** (Other Impairment Superficial Gunshot Wounds and Scars - Hands).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.9 - Other Impairment - Superficial Gunshot Wounds and Scars - Other

Only one rating may be given from **each** column in **Table 22.9** regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the **highest** is selected as the column rating. The ratings from **each** column are **added**.

Table 22.9 - Other Impairment - Superficial Gunshot Wounds and Scars - Other

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil	Scar(s) up to or equal to 1 square inch (6.5 cm^2).	Tenderness may be present.
One	Scar(s) greater than 1 square inch (6.5 cm^2) but less than 2 square inch (12.9 cm^2).	Adherence to underlying tissue; **or** Loss of subcutaneous tissue; **or** Keloid formation.
Two	Scar(s) equal to or greater than 2 square inch (12.9 cm^2).	

Steps to Determine Superficial Gunshot Wounds and Scars (Other) Impairment Assessment

Step 1: Determine the rating from **Table 22.9** (Other Impairment - Superficial Gunshot Wounds and Scars - Other).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

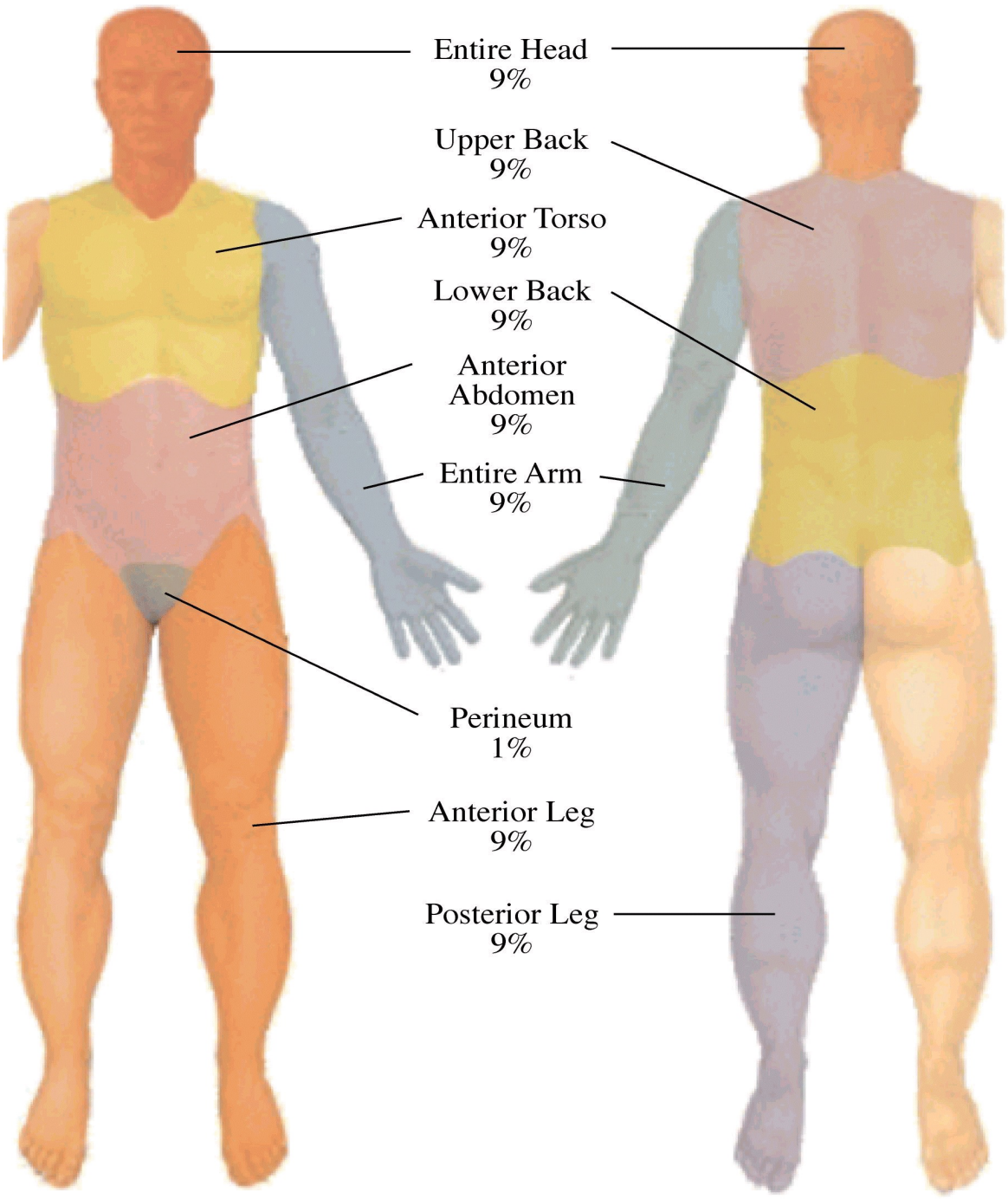
Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

the Rule *of* Nines

Estimating percent of affected body



Chapter 23
HEMOPOIETIC IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment of the hemopoietic system. Hemopoietic impairment, for the purposes of this chapter, includes impairment in function of red blood cells, platelets and white blood cells.

Also rated within this chapter are malaria, Human Immunodeficiency Virus (HIV) infection, and splenectomy from any cause.

Impairment from pancytopenia is rated on individual merits.

Impairment associated with bone marrow transplant is rated on individual merits.

Impairment from malignant hemopoietic conditions is rated within Chapter 18, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains three “Loss of Function” tables and two “Other Impairment” tables which will be used to rate entitled hemopoietic conditions.

The tables within this chapter are:

Table 23.1	Loss of Function - Anemia	This table is used to rate impairment from anemia.
Table 23.2	Loss of Function - Polycythemia	This table is used to rate impairment from polycythemia.
Table 23.3	Loss of Function - Thrombocytopenia	This table is used to rate impairment from thrombocytopenia.
Table 23.4	Other Impairment - Human Immunodeficiency Virus	This table is used to rate impairment from HIV/AIDS.
Table 23.5	Other Impairment - Malaria	This table is used to rate impairment from malaria.

Loss of Function - Anemia

Table 23.1 is used to rate impairment from anemia conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

In the majority of cases, treatment will completely control or permanently correct anemia conditions. If activities of daily living are affected despite optimal treatment or if optimal treatment cannot be provided due to other medical conditions, a rating will be determined from Chapter 19, Activities of Daily Living. If a rating is applicable from both **Table 23.1** and Chapter 19, the ratings are **compared** and the **highest** selected.

When entitled anemia conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Polycythemia

Table 23.2 is used to rate impairment from polycythemia conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

In the majority of cases, treatment will completely control or permanently correct polycythemia conditions. If activities of daily living are affected despite optimal treatment or if optimal treatment cannot be provided due to other medical conditions, a rating will be determined from Chapter 19, Activities of Daily Living. If a rating is applicable from both **Table 23.2** and Chapter 19, the ratings are **compared** and the **highest** selected.

When entitled polycythemia conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Thrombocytopenia

Table 23.3 is used to rate impairment from thrombocytopenia conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

In the majority of cases, treatment will completely control or permanently correct thrombocytopenia conditions. If activities of daily living are affected despite optimal treatment or if optimal treatment cannot be provided due to other medical conditions, a rating will be determined from Chapter 19, Activities of Daily Living. If a rating is applicable from both **Table 23.3** and Chapter 19, the ratings are **compared** and the **highest** selected.

Splenectomy is usually rated at nil. Splenectomized individuals have impaired clearance of certain encapsulated bacteria, such as pneumococcus. Infection from pneumococcus can usually be prevented by vaccination. There is no increased risk of infection from viruses or nonencapsulated bacteria. Individual consideration will be needed in cases where repeated infections occur from encapsulated bacteria due to loss of the spleen.

When entitled thrombocytopenia conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Human Immunodeficiency Virus

Table 23.4 is used to rate impairment from HIV infection/AIDS. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

AIDS defining opportunistic infections and non-AIDS defining infections that do not result in permanent impairment of other organ systems are considered to be included in the **Table 23.4** rating.

When entitled HIV infection/AIDS results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Malaria

Table 23.5 is used to rate impairment from malaria. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

When pensioned malaria results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Table 23.1 - Loss of Function - Anemia

Only one rating may be given for each entitled condition from **Table 23.1.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.1**, follow the "**and(s)**" and "**or(s)**".

Table 23.1 - Loss of Function - Anemia

Rating	Criteria
Nil	• Asymptomatic; **and** • No interference with activities of daily living; **and** • No requirement for treatment; **and** • Hemoglobin greater than or equal to 100 g/L.
One	• Anemia requiring regular injections less than monthly; **or** • Anemia requiring intermittent oral medication.
Two	• Anemia requiring regular injections on a monthly basis.
Three	• Anemia requiring continuous oral medication; **or** • Anemia requiring regular injections more than once per month, but less than weekly.
Four	• Anemia requiring regular injections on a weekly basis; **or** • Hemoglobin less than 100 g/L, but greater than or equal to 70 g/L despite optimal treatment.
Nine	• Symptomatic* anemia is present despite optimal treatment but there is no difficulty with performing activities of daily living; **or** • Anemia requiring regular daily injections; **or** • Anemia requiring regular transfusions every 7 - 16 weeks; **or** • Hemoglobin less than 70 g/L despite optimal treatment.
Thirteen	• Anemia requiring regular transfusions every 4 - 6 weeks.
Eighteen	• Anemia requiring regular transfusions more frequently than every 4 weeks.

* Symptoms - shortness of breath, weakness, lethargy, lightheadedness, dizziness, fatigue, palpitations and throbbing headache.

Table 23.2 - Loss of Function - Polycythemia

Only one rating may be given from **Table 23.2**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.2**, follow the "**and(s)**" and "**or(s)**".

Table 23.2 - Loss of Function - Polycythemia

Rating	Criteria
Nil	• Asymptomatic; **and** • No interference with activities of daily living; **and** • No requirement for phlebotomy.
One	• Regular phlebotomy required less often than once every 4 weeks.
Four	• Regular phlebotomy required once every 4 weeks.
Nine	• Symptomatic* despite optimal treatment but there is no difficulty in performing activities of daily living; **or** • Regular phlebotomy required more often than once every 4 weeks.

* Symptoms - headache, dizziness, paresthesia, fatigue, abdominal discomfort, night sweats, pruritus, weight loss, erythromelalgia, mental sluggishness.

Table 23.3 - Loss of Function - Thrombocytopenia

Only one rating may be given for each entitled condition from **Table 23.3.** If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.3**, follow the "**and(s)**" and "**or(s)**".

Table 23.3 - Loss of Function - Thrombocytopenia

Rating	Criteria
Nil	• Asymptomatic; **and** • No interference with activities of daily living; **and** • Platelet count greater than or equal to 100,000/µl; **or** • Splenectomy*.
One	• Platelet count greater than or equal to 50,000/µl but less than 100,000/µl despite optimal treatment.
Four	• Platelet count greater than or equal to 20,000/µl but less than 50,000/µl despite optimal treatment.
Nine	• Symptomatic** despite optimal treatment, but there is no difficulty with performing activities of daily living; **or** • Platelet count greater than or equal to 10,000/µl but less than 20,000/µl despite optimal treatment.
Eighteen	• Platelet count less than 10,000/µl despite optimal treatment.

* In cases of repeated infections from encapsulated bacteria due to removal of the spleen, an assessment may be determined based on individual merits.

** Symptoms - easy/excessive bruising, abnormal bleeding from the gums, mouth, GI and/or urinary tract, epistaxis, petechiae/purpura, menorrhagia, prolonged bleeding after trauma.

Table 23.4 - Other Impairment - Human Immunodeficiency Virus

Only one rating may be given from **Table 23.4.** If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.4**, follow the "**and(s)**" and "**or(s)**".

Table 23.4 - Other Impairment - Human Immunodeficiency Virus

Rating	Criteria
Four	• Asymptomatic HIV infection with or without lymphadenopathy; **and** • CD4 count greater than or equal to 350 cells/µl.
Nine	• Intermittent clinical signs* (except lymphadenopathy) and/or constitutional symptoms; **or** • CD4 count greater than or equal to 200 cells/µl but less than 350 cells/µl.
Thirteen	• Persistent clinical signs* (except lymphadenopathy) and/or constitutional symptoms.
Twenty-one	• CD4 count greater than or equal to 50 cells /µl but less than 200 cells /µl.
Thirty-four	• Development of an AIDS defining opportunistic infection**; **or** • CD4 count less than 50 cells /µl.
Eighty-one	• Development of ongoing essentially continuous AIDS defining opportunistic infections** ; **or** • Development of an AIDS defining malignancy***; **or** • Development of an AIDS defining central nervous system disorder****; **or** • Development of AIDS wasting syndrome*****.

* Clinical signs and constitutional symptoms:
- fever
- night sweats
- malaise
- fatigue
- intermittent diarrhea
- lymphadenopathy
- arthralgia
- myalgia
- rash
- weight loss
- pruritus.

**AIDS defining opportunistic infections include:
- Candidiasis of bronchi, trachea, lungs, or esophagus
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal
- Cytomegalovirus (other than liver, spleen, or nodes)
- Herpes simplex (chronic ulcers, bronchitis, esophagitis)
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis (chronic intestinal)
- *Mycobacterium avium* complex or *kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, pulmonary or extrapulmonary
- *Mycobacterium*, other species (disseminated or extrapulmonary)
- *Pneumocystis* carinii pneumonia
- Pneumonia, recurrent
- *Salmonella septicemia*
- Toxoplasmosis of brain.

*** AIDS defining malignancies include:
- Cervical cancer, invasive
- Kaposi's sarcoma
- Lymphoma (non-Hodgkin's).

**** AIDS defining central nervous system disorders include:
- Encephalopathy, HIV-related
- Progressive multifocal leukoencephalopathy.

*****AIDS wasting syndrome - involuntary loss of more than 10% of pre-illness body weight, plus more than 30 days of either diarrhea, or weakness and fever.

Table 23.5 - Other Impairment - Malaria

Only one rating is selected from **Table 23.5**.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 23.5** all criteria designated at that rating level must be met.

Table 23.5 - Other Impairment - Malaria

Rating	Criteria
Nil	• History of malaria, asymptomatic.
Four	• Intermittent or relapsing symptoms due to malaria as supported by laboratory evidence despite optimal treatment.

Steps to Determine the Anemia Assessment

Step 1: Determine the rating from **Table 23.1** (Loss of Function - Anemia).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

Step 6: If activities of daily living are affected despite optimal treatment, determine the rating from Chapter 19, Activities of Daily Living.

Step 7: **Compare** ratings at Step 5 and Step 6 (if applicable) and select the **highest**.

This is the Disability Assessment.

Steps to Determine the Polycythemia Assessment

Step 1: Determine the rating from **Table 23.2** (Loss of Function - Polycythemia).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

Step 6: If activities of daily living are affected despite optimal treatment, determine the rating from Chapter 19, Activities of Daily Living.

Step 7: **Compare** the Step 5 rating with the Step 6 rating (if applicable). Select the **highest**.

This is the Disability Assessment.

Steps to Determine the Thrombocytopenia Assessment

Step 1: Determine the rating from **Table 23.3** (Loss of Function - Thrombocytopenia).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

Step 6: If activities of daily living are affected despite optimal treatment, determine the rating from Chapter 19, Activities of Daily Living.

Step 7: **Compare** the Step 5 rating with the Step 6 rating (if applicable). Select the **highest**.

This is the Disability Assessment.

Steps to Determine the Human Immunodeficiency Virus (HIV)/AIDS Assessment

Step 1: Determine the rating from **Table 23.4** (Other Impairment - Human Immunodeficiency Virus [HIV/AIDS]).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment.

Steps to Determine the Malaria Assessment

Step 1: Determine the rating from **Table 23.5** (Other Impairment - Malaria).

Step 2: Does the Partially Contributing Table apply? If **yes**, then apply to rating at Step 1.

Step 3: Determine the Quality of Life rating.

Step 4: Add the ratings at Step 2 and Step 3.

Step 5: If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment.

Chapter 24
TUBERCULOSIS

This chapter is used to assess impairment resulting from pulmonary and non-pulmonary tuberculosis. The provisions of subsection 35(3) of the *Pension Act* will determine the assessment of pulmonary tuberculosis in specific cases, as indicated in the legislation, and will be applied in conjunction with subsection 35(1).

Current Legislation

Section 35 (3) of the *Pension Act* states: Pensions for disability resulting from pulmonary tuberculosis, where during the treatment of a member of the forces the presence of tubercle bacilli has been discovered in the sputum or it has been proved that the disease is moderately advanced and clinically active, shall be awarded and continued as follows:

(a) In the case of a member of the forces who served in a theatre of actual war and whose disease was attributable to or was incurred or was aggravated during service, either during World War I or World War II, and in the case of a member of the forces who did not serve in a theatre of actual war and whose disease was incurred during service during either of those Wars, a pension of one hundred *per cent* shall be awarded as of the date of completion of the treatment and shall be continued without reduction for a period of two years, unless further treatment is required;

(b) In the case of a member of the forces who did not serve in a theatre of actual war and whose disease was aggravated during service, either during World War I or World War II, a pension of ninety *per cent* shall be awarded as of the date of completion of the treatment and shall be continued without reduction for a period of two years, unless further treatment is required;

(c) In the case of a member of the forces who has seen service in the non-permanent active militia or in the reserve army during World War II or in the case of a member of the forces who has seen service in peacetime, whose disease occurred on service and arose out of or was directly connected with that service, a pension of one hundred *per cent* shall be awarded as of the date of completion of the treatment and shall be continued without reduction for a period of two years, unless further treatment is required;

(d) In the case of a member of the forces who has seen service in the non-permanent active militia or in the reserve army during World War II or in the case of a member of the forces who has seen service in peacetime, whose disease

was aggravated during service and the aggravation arose out of or was directly connected with that service, a pension of ninety *per cent* shall be awarded as from the date of completion of the treatment and shall be continued without reduction for a period of two years, unless further treatment is required; and

(e) After the expiration of two years, no pension awarded in respect of pulmonary tuberculosis shall be reduced by more than twenty *per cent* at any one time, nor shall reductions be made at intervals of less than six months, and paragraphs (b) and (d) do not apply if the disease manifested itself within a period of three months after enlistment.

24.01 - For the purposes of Subsection 35(3) of the *Pension Act,* "treatment" as referred to in this legislation means "hospitalized for the treatment of Pulmonary Tuberculosis".

24.02 - Pulmonary Tuberculosis (when Subsection 35(3) of the *Pension Act* does not apply) and Non-Pulmonary Tuberculosis:

1. Current methods of treatment have greatly reduced the length of hospital treatment and greatly improved the prognosis for maintenance of function and for the protection of close contacts. Nevertheless, any case may present special features which can be considered on their merits.

2. A policy statement, dated 7 September 1972 confirms, extends and defines the practice of making an assessment for non-pulmonary tuberculosis in addition to that made for pulmonary tuberculosis.

3. Following hospital treatment for:
   (a) active pulmonary tuberculosis when Subsection 35(3) does not apply; or
   (b) non-pulmonary tuberculosis;
   these conditions shall be assessed in accordance with the Table to Article 24.01.

Table to Article 24.01		
1	First six months after hospital treatment (mandatory review on completion of this period)	**100%**
2	Second six months after hospital treatment (mandatory review on completion of this period)	**60% minimum**
3	Third six months	**30% minimum**
4	Thereafter based on clinical evaluation of the individual	

24.03 - Pulmonary Tuberculosis (when Subsection 35(3) of the *Pension Act* does not apply due to mode of treatment) and Non-Pulmonary Tuberculosis:

In cases where the treatment for Pulmonary Tuberculosis and Non-pulmonary Tuberculosis does not require hospital treatment and treatment is limited to outpatient treatment, the condition will be assessed on the basis of functional loss in accordance with the relevant body system chapter.

24.04 - Pulmonary Tuberculosis - When Subsection 35(3) of the *Pension Act* applies

1. This article should be read in conjunction with article 35(3) of the VAC Policy Manual.

2. The provisions of subsection 35(3) of the *Pension Act* will determine the assessment of pulmonary tuberculosis and will be applied as applicable in conjunction with subsection 35(1).

3. An extra-pulmonary condition consequential upon pulmonary tuberculosis, when subsection 35(3) applies, shall be assessed separately and the assessment added to that authorized in subsection 35(3).

4. In its decision of 7 June 1973, the Pension Review Board has said in effect that if there is an disability from a thoracoplasty that is not obviously consequential, it is part of the tuberculosis of the chest and the assessment for the thoracoplasty is to be added to the assessment granted under subsection 35(3). As a result Veterans Affairs will assess all residual deformities under subsection 35(1) provided, however, that when the thoracoplasty procedure involves more than six ribs the residual effects will be assessed at not less than 10%.

5. The effective date of the additional assessment is to be fixed as the date of surgery or the date the level of assessment for pulmonary tuberculosis was reduced to 50%, under the policy in effect prior to 22 December 1976, whichever is the latter.

6. In cases which come to its attention, Veterans Affairs Canada will take action automatically to amend previous decisions which differ from the above policy.

24.05 - Genito-urinary Tuberculosis

Loss of kidney due to tuberculosis..... 30%