

January 2002

Update 2002-1

**TO HOLDERS OF THE *REHABILITATION SERVICES AND CLAIMS MANUAL***

This update of the *Rehabilitation Services and Claims Manual* contains changes to the *Manual* approved by the Panel of Administrators since December 2001.

These changes include:

- Policy #22.33
- Policy #38.10
- Policy #39.00
- Policy #39.50
- Policy #96.30
- Policy #97.40
- Appendix 4

A summary of the changes has been included as part of the package.

If you have any questions regarding this update, or the *Rehabilitation Services and Claims Manual*, please call the Publications and Videos section of the WCB at (604) 276-3068, or toll free within BC at 1-800-661-2112, Local 3068.

MAUREEN NICHOLLS  
Chair, Panel Of Administrators

Attachments

## SUMMARY OF CHANGES - Update 2002-1

The following table explains proposed changes to six policies and Appendix 4 in the *Rehabilitation Services & Claims Manual* ("RS&CM"). They result from:

- the incorporation of the current procedure for determining a permanent disability pension for psychological impairment under section 23(1) of the *Workers Compensation Act* ("Act");
- the addition of policy items #113 to #115 to the Permanent Disability Evaluation Schedule in Appendix 4 of the *RS&CM* for determining the percentage of disability resulting from psychological impairment; and
- grammatical changes.

<b>RS&amp;CM Policy</b>	<b>Explanation of Change</b>
#22.33	This policy has been amended to make reference to the decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment in policy item #38.10.  It clarifies that chronic pain is not assessed as a psychological impairment.
#38.10	This policy has been amended to incorporate the current procedure for determining a permanent disability pension for psychological impairment under section 23(1) of the Act. The roles of the Board Psychologist, the Psychological Disability Committee and the Disability Awards Officer or Adjudicator in the pension determination process are also described.
#39.00	This policy has been amended to include the consideration of a worker's psychological condition in the physical impairment assessment method for measuring permanent disabilities.
#39.50	This policy has been amended to remove references that psychological disability awards are non-scheduled awards.
#96.30	This policy has been amended to make reference to the decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment in policy item #38.10.
#97.40	This policy has been amended to make reference to the decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment in policy item #38.10.
Appendix 4	This Appendix has been amended to incorporate the addition of policy items #113 to #115 to the Permanent Disability Evaluation Schedule for determining the percentage of disability resulting from psychological impairment.  It specifies that disability ratings greater than 0% are made in 5% increments.

- (b) the symptoms and signs of the disease occurred shortly after the injury; and
- (c) there has been no preceding history of neurologic deficit.

#### #22.32 *Cancer*

In claims where trauma is alleged to be the cause of cancer, the following five criteria (12) should be satisfied before a cancer can be even remotely considered to be traumatically induced.

1. Authenticity and adequacy of trauma.
2. Previous integrity of the wounded part.
3. Origin of tumour at exact point of injury.
4. Reasonable time limit between injury and time of appearance of tumour.
5. Positive diagnosis of the presence and nature of the tumour.

Recent reviews of the medical literature have been completed to ascertain whether or not there is new evidence to associate trauma as a causal agent in cancer.

Except in the case of skin cancer, there is little firm evidence to associate trauma with cancer as an etiologic agent. In particular, reviews of several studies (13) of bone cancer fail to establish a causal relationship between trauma and cancer, although there is general recognition of what has been called “traumatic determinism”, i.e. that an injury may call the person’s attention to a pre-existing tumour.

#### #22.33 *Psychological Problems/Chronic Pain Problems*

Psychological problems arising from a physical or psychological injury are acceptable as compensable consequences of the injury. However, there must be evidence that the claimant is psychologically disabled. It cannot be assumed that such a disability exists simply because the claimant has unexplained subjective complaints or is having difficulty in psychologically or emotionally adjusting to any physical limitations resulting from the injury.

When a claim is submitted for psychological problems resulting directly from the claimant's employment without the occurrence of any physical trauma, reference should be made to #13.20 and #32.10.

When a psychological impairment becomes permanent, it will be necessary to determine whether there is entitlement to a permanent disability pension. The decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment is found in #38.10.

Chronic pain problems are also acceptable if the evidence indicates that they result from the work injury. Chronic pain is not assessed as a psychological impairment. If the evidence indicates that the condition is disabling but may be amenable to treatment, it will be regarded as a temporary disability and wage loss paid in the normal way. The Board may refer a claimant with a chronic pain problem to a chronic pain management clinic, in which case wage loss is paid during the attendance. On discharge from the clinic, if the claimant still has continuing complaints the condition will not necessarily be considered to have stabilized immediately. Many claimants still require time to build up their endurance. It may therefore be reasonable to regard the condition as temporary and pay wage loss under Section 29 or 30 for a further period of time. (14)

#### *#22.34 Alcoholism and Drug Dependency Problems*

Where it is claimed that an alcohol problem may have arisen out of and as a result of a compensable injury, the compensability of the problem is thoroughly investigated in the same manner as followed in investigating the relationship of other problems to an injury. Because of the psychological nature of the problem, this investigation would normally include a reference to a Board Psychologist. The decision on acceptability will however be made by the Claims Adjudicator.

receiving a permanent total disability pension of less than the current maximum suffers a new injury at work. The amount payable would be the difference between the pension being paid on the old claim and 75% of the wage rate on the new claim, limited by the current maximum.

### **#38.00 PERMANENT PARTIAL DISABILITY**

The Board has two basic methods of assessing permanent partial disabilities. These are:

1. Loss of function/physical impairment method.
2. The projected loss of earnings method.

The use of these two methods is termed the "Dual System". These two methods are considered in every case where applicable, the amount of the pension being the higher of the two figures produced by the two methods.

### **#38.10 Decision-Making Procedure**

The Disability Awards Officer or Adjudicator in Disability Awards is responsible for seeing that the necessary examinations and other investigations are carried out with respect to the physical impairment assessment and they make the decision on the degree of disability and whether a pension should be awarded.

Permanent functional impairment evaluations will be conducted by either a Disability Awards Medical Advisor or a Board authorized External Service Provider. The Rehabilitation & Compensation Services Division sets protocols and procedures for these evaluations. The Board determines whether the evaluation is referred to a Disability Awards Medical Advisor or an External Service Provider based on the nature of the injury and other relevant criteria as set out in the protocols.

The determination of whether there is a permanent psychological impairment, and the severity of the impairment, is made by either a Board Psychologist or a Board authorized External Service Provider. Once this evaluation is completed, the claim is referred to the Psychological Disability Committee to assess the percentage of disability resulting from the permanent psychological impairment. The Disability Awards Officer or Adjudicator assesses any percentage of disability for physical impairment and, in conjunction with the Committee's percentage of psychological disability, decides the worker's permanent disability award under the loss of function method.

The Disability Awards Committee is ultimately responsible for the conclusion on projected loss of earnings awards implemented under Section 23(3) of the *Act*. The Disability Awards Officer or Adjudicator is required to conduct the necessary investigations and make a specific recommendation to the committee. It is the function of the committee, following any further investigation it considers

necessary, to agree or disagree with the Disability Awards Officer's or Adjudicator's recommendation. If the committee agrees, the Disability Awards Officer or Adjudicator will establish a pension according to the initial recommendation. If the committee disagrees with the Disability Awards Officer's or Adjudicator's recommendation, it will either establish an award which it deems appropriate to the circumstances or return the file for further investigation. The Disability Awards Committee consists of one senior representative from the Disability Awards, Medical, and Vocational Rehabilitation Services Departments.

Physical impairment and projected loss of earnings assessments are made at the same time. It is not proper to establish a physical impairment pension alone and delay a projected loss of earnings assessment on the grounds that it is difficult at the time to assess the claimant's potential loss of earnings. An assessment must be made, however great the difficulty. An automatic review of an award made on a projected loss of earnings basis will be made two years from the date of assessment or, if there is an appeal, two years from the date of the last decision resulting from the appeal process. Following that review, there will be no further automatic reviews, but the Adjudicator will have a discretion to set up a claim for reviews at future dates which she or he determines. Neither a worker nor an employer has the right to apply for a review of a projected loss of earnings pension at any time unless there has been a change in the claimant's physical condition.

In exercising discretion whether to set up a pension for later review, an important factor considered by the Adjudicator is whether the review just conducted resulted in any change. The Adjudicator will normally set up a later review if there was a change in the pension. If a review results in no alteration in the pension, it may be reasonable to conclude that the long-term projection made at the time of the initial assessment was correct and that there is no need for further review. On the other hand, the Adjudicator may feel that at least one further review is required to ensure that the correct result is obtained. If a further review is set up and that review again results in no change, then the Adjudicator would not likely set up a further review. If, on a subsequent review, it appears that an error was made or there is new evidence to suggest that the original assessment was wrong, the readjudication procedures set out in #108.30 should generally be followed.

The rules of evidence followed by Disability Awards Officers, Adjudicators and the Disability Awards Committee are discussed in #97.40.

Appeals from the decisions of the Disability Awards Officer, Adjudicator or Committee are discussed in Chapter 13.

### **#39.00 LOSS OF FUNCTION/PHYSICAL IMPAIRMENT ASSESSMENT**

Section 23(1) provides that "Where permanent partial disability results from the injury, the impairment of earning capacity must be estimated from the nature and

degree of the injury, and the compensation must be a periodic payment to the injured worker of a sum equal to 75% of the estimated loss of average earnings resulting from the impairment, and must be payable during the lifetime of the worker or in another manner the board determines.”

The physical impairment method is the primary one used for measuring permanent disabilities. It is the method provided for in Section 23(1). In applying this method, the Board does not normally have regard to the individual worker’s actual loss of earnings. It considers the physical and/or psychological condition of the worker. It results in a percentage of disability being allocated to the claimant’s condition.

Once the percentage of disability is determined, it is applied to the worker’s average earnings, and the pension is 75% of the amount so determined. For instance, consider a worker with a 30% disability with average earnings of \$3,400.00 per month:

	30% of 3,400.00	1,020.00
Monthly pension	75% of 1,020.00	765.00

There are two basic methods for assessing the percentage of disability. These are the Scheduled method and the Non-Scheduled method.

Where a claim is reopened more than three years after the injury and a worker has a compensable permanent disability or an increased permanent disability, but is unemployed at the time of the reopening otherwise than through the effects of the injury, and it is determined that the worker has no potential loss of earnings, a pension will be assessed on a physical impairment basis under Section 23(1) of the *Workers Compensation Act*. It will be calculated on the basis of the wage rate originally set on the claim subject to any appropriate wage rate review being carried out or Consumer Price Index adjustments.

### #39.01 *Subjective Complaints*

In making a determination under Section 23(1), the Disability Awards Officer or Adjudicator in Disability Awards will enquire carefully into all of the circumstances of a worker’s condition resulting from a compensable injury. This means that both the objective physical findings noted by the doctors who examined the claimant and the subjective complaints of pain will be considered. The fact that the complaints are largely subjective does not automatically preclude a finding that a worker has a disability within the meaning of Section 23(1). Nor, on the other hand, does the fact that subjective complaints exist automatically warrant a finding of disability. In all cases, a decision must be made on the particular facts of the claim as to whether or not a disability exists.

With regard to the question as to what type of evidence will be sufficient to justify a conclusion that a permanent disability exists in these cases, it is not possible to

lay down an exclusive list. However, some suggestions can be made. There will, in the first place, be the claimant's own evidence regarding the nature and extent of the complaints and whether that evidence is credible and consistent.

Regard must also be had to the claimant's conduct and activities and whether they are consistent with the complaints. There will then be the evaluations of the claimant by the various professional personnel and Board's staff who have been involved in the case, for example, doctors, psychologists, and rehabilitation consultants. Consideration will have to be given to the objective observations of these persons as well as their subjective assessments. They may be able to comment on whether the claimant's complaints are of a type and extent that might reasonably result from the type of injury which was suffered.

When there is little clinical evidence of objective impairment, extreme caution must be exercised in concluding that there is a permanent disability resulting from that injury. The evidence that is relied upon to support the assessment of such an award must be fully documented. It must clearly demonstrate that there is a permanent disability for which the payment of a pension award may be supported.

Sometimes cases occur where, although the worker has subjective complaints of pain and discomfort, the actual impairment reported by the Disability Awards Medical Advisor or External Service Provider is negligible or too minimal to justify an award of the lowest percentage of disability ordinarily recognized. Where there is appropriate medical rationale to support the subjective complaints, the Disability Awards Officer or Adjudicator still has some discretion to make an award, having regard to the worker's particular circumstances, and may do so where, for instance, there is evidence that the stress of the claimant's occupation or other physical activity could result in an impairment. The Disability Awards Officer or Adjudicator will not grant an award if she or he considers that the impairment is unlikely to affect the claimant's earning capacity. There is, in that situation, felt to be no "impairment of earning capacity" within the meaning of Section 23(1).

In making this determination, the Disability Awards Officer or Adjudicator may, in some cases, have to ask the Rehabilitation Consultant to investigate the jobs which are, in the long term, available and which the claimant is able to do. This represents one exception to the general principle that, in assessing the degree of physical impairment, no regard is had to the actual loss of earnings suffered by the claimant because of permanent impairment. On the other hand, if in such a case it is ultimately determined that the impairment, though minimal, will affect earning capacity, the assessment of the pension on a physical impairment basis is still on a percentage basis. A separate assessment of the pension will be made under the projected loss of earnings method which will result in a pension based on the actual loss of earnings. The higher of the two pensions will, according to normal principles, be the one awarded.

Conversion of Points to Percentages of Disability

Points System	% Disability	Points System	% Disability	Points System	% Disability
1 – 4	1	21 – 30	6	Beyond 40	Maximum of 20
5 - 15	2	31 – 35	8		
16 - 20	4	36 – 40	10		

3. If evidence from the Rehabilitation Consultant shows that the worker has not returned to the worker's normal or equal paying occupation, then an award in accordance with the conversion table is granted.
4. If evidence from the Rehabilitation Consultant shows that the worker has returned to the worker's normal or equal paying occupation, then no award is payable.

Where the Adjudicator considers it more equitable, section 23(3) of the *Workers Compensation Act* will apply in the assessment of pensions for Hand-Arm Vibration Syndrome.

**#39.50 Non-Scheduled Awards**

Any award where the schedule is not directly or indirectly used in the assessment is a non-scheduled award. This covers impairments in all parts of the body not listed in the schedule. Disabilities resulting from multiple injuries or occupational diseases may also involve non-scheduled awards. The rules governing respiratory and skin diseases are set out in #29.00 and #30.50 respectively.

In the case of non-scheduled awards, the Disability Awards Officer or Adjudicator in Disability Awards use their own judgment to arrive at a percentage of disability appropriate to the particular claimant's impairment. Regard will be had to, inter alia, the permanent functional impairment evaluation, the circumstances of the claimant, medical opinions of Board or non-Board doctors, and to schedules of disability used in other jurisdictions.

Neither the age adaptability or enhancement factors nor devaluation are formally applied in respect of non-scheduled awards. (The exception is that an enhancement factor may be added with respect to spinal injuries as outlined in #39.12.) However, in making a judgment as to the correct percentage of disability, the Disability Awards Officer or Adjudicator will have regard to the age of the claimant, to existing disabilities in other parts of the claimant's body, or to the combined effect of more than one disability in the same part of the body.

## **#39.60 Minimum Pension**

The minimum compensation for permanent partial disabilities is calculated in the same manner as for temporary total disability but only to the extent of the partial disability. (8) Thus, for example, if a worker is injured on January 2, 1986, and suffers a residual disability assessed at 10% of total disability, the minimum compensation will be the lesser of 10% of \$197.25 or 10% of his average earnings prior to the injury. (The formula for converting this weekly figure to the monthly equivalent is contained in #68.00.)

The minimum for permanent total disability does not apply simply because a worker is found to be totally unemployable under Section 23(3). (9)

### *#39.61 Injury Prior to March 18, 1943*

Notwithstanding any other provision of the Act, all periodic payments awarded as compensation for permanent partial disability to workers injured prior to March 18, 1943, who, on January 1, 1955, or after that are in receipt of those periodical payments are calculated or recalculated at a rate of sixty-six and two-thirds per cent of average earnings of not less than two thousand dollars nor more than two thousand five hundred dollars per annum. Compensation is not payable under this provision for any period prior to January 1, 1955. (10)

### *#39.62 Injury Prior to January 1, 1965*

In regard to payments made on or after January 1, 1965, permanent partial disability pensions awarded in respect of injuries occurring before that date were recalculated in accordance with the then minimum for permanent total disability but to the extent only of the partial disability. This minimum was an amount equal to \$30.00 per week (\$130.00 per month), unless the worker's average earnings were less, in which case compensation would be paid in an amount equal to the average earnings.

Any increase resulting from the above provisions did not apply to a commuted pension or the commuted portion of a pension.

In considering whether the worker's earnings were less than the minimum, the artificial wage created by the application of #39.61 was not taken into account. Only the worker's actual earnings were relevant.

## **#40.00 PROJECTED LOSS OF EARNINGS METHOD**

Section 23(3) provides that "Where the board considers it more equitable, it may award compensation for permanent disability having regard to the difference between the average weekly earnings of the worker before the injury and the average amount which the worker is earning or is able to earn in some suitable

- (a) no recovery of the payments will be made in the absence of fraud or misrepresentation;
- (b) the employer's sector or rate group will be relieved of the cost of any unrecovered payments pursuant to #113.10.

The above rules governing interim adjudication apply to applications to reopen a previous claim as well as applications commencing new claims.

#### *#96.22 Suspension of Claim*

Where a report is submitted to the Board simply for the record, and where the worker did not receive medical treatment or was not disabled from work, or no other costs were incurred, no adjudication is necessary and the claim will be accepted for information purposes only.

Where information necessary to the adjudication of a claim can only be provided by the worker, and the worker ignores a request for that information, refuses to provide it or hampers the investigation, the claim may be suspended.

Where a claim is opened, and it is later established that the claim will be fully administered and paid by another Board under the terms of the Interjurisdictional Agreement, the British Columbia claim will be placed in suspense. (24)

Wage-loss benefits may also be suspended in the following situations:

1. where the claimant leaves the province without notifying the Board or receiving prior consent from the Board; (25)
2. where the claimant is being paid full salary by the Federal Government; (26)
3. where the claimant refuses to accept the cheques;
4. where a worker moves and the worker's whereabouts are unknown.

Where a claim has been suspended, all parties are notified of this fact and of the reasons for it. This includes any party from whom an account has been received. When the information required has been received or any other ground which gave rise to the suspension has been removed, the suspension will be lifted. In that event, the parties involved will again be notified.

#### *#96.23 Withholding Wage-loss Benefits Pending Investigation*

Once the Board has made an initial decision to accept a claim and pay wage-loss benefits, these benefits are usually paid on a regular basis for as long as

the Board continues to receive medical reports showing disability. Furthermore, benefits will not be suspended simply because of a lack of medical reports. Although it is the responsibility of the worker to seek required medical attention so that the necessary ongoing proof of disability can be submitted by her or his doctor, it is not the responsibility of the worker to procure these reports. While the worker's assistance is often requested, the final responsibility for obtaining the reports rests with the Board.

The Board will use its best efforts to obtain necessary reports and carry out investigations as quickly as possible so that there is no delay in the payment of benefits. However, it may be that in some cases there will be delays where the necessary investigations cannot be carried out in time. The Board must be satisfied before it makes any payment of wage loss that the requirements of the Act are met and may withhold benefits temporarily until it is able to satisfy itself of this. Even if there are medical reports on file indicating that the claimant is disabled, there may be other information indicating that this is not the case, for example, that he or she is working, which may require that benefits be withheld pending investigation. The highest priority is given to investigations which are causing a delay in benefits. The claimant is notified of any significant delays because of the need to carry out investigation.

#### **#96.30            Disability Awards Officers and Adjudicators in Disability Awards**

Disability Awards Officers and Adjudicators in Disability Awards determine whether a worker's injury or occupational disease has caused a permanent disability. They then decide the extent of the disability and calculate the worker's pension entitlement. Disability Awards Officers and Adjudicators in Disability Awards must accept the final decision of the Claims Adjudicator as to what conditions are accepted under the claim. The Claims Adjudicator is required to outline the decision in a memo when referring the claim to the Disability Awards Officer or Adjudicator in Disability Awards.

In cases of minor disabilities, the Disability Awards Officer or Adjudicator in Disability Awards may calculate the award without the benefit of a medical examination if this is considered unnecessary having regard to the medical evidence already on the claim. Except for those cases, the normal practice is for a permanent functional impairment evaluation to be conducted for disability awards purposes by a Disability Awards Medical Advisor or an authorized External Service Provider (see *Item #38.10*).

Although the evaluation is not the only medical evidence that the Disability Awards Officer or Adjudicator in Disability Awards may use, it will usually be the primary input.

The decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment is discussed in #38.10.

The report of a Disability Awards Medical Advisor or External Service Provider takes the form of expert evidence which, in the absence of other expert evidence to the contrary, should not be disregarded. This does not mean that a Disability Awards Officer or Adjudicator must adopt the percentage indicated by the Disability Awards Medical Advisor or External Service Provider. It is always open to the Disability Awards Officer or Adjudicator to conclude that, although the functional impairment of the claimant is a certain percentage, the disability (i.e. the extent to which that impairment affects the claimant's ability to earn a living) is greater or less than the percentage of impairment.

The decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment under Section 23(1) of the *Act* is discussed in Item #38.10.

In making a determination under Section 23(1), the Disability Awards Officer or Adjudicator will enquire carefully into all of the circumstances of a worker's condition resulting from a compensable injury. This means that both the objective physical findings noted by the examining doctors and the worker's subjective complaints of pain will be considered. The fact that the complaints are largely subjective does not automatically preclude a finding that a worker has a disability within the meaning of Section 23(1). Nor, on the other hand, does the fact that subjective complaints exist automatically warrant a finding of disability. In all cases, a decision must be made on the particular facts of the claim as to whether or not a disability exists.

With regard to the question as to what type of evidence will be sufficient to justify a conclusion that a permanent disability exists in these cases, it is not possible to lay down an exclusive list. However, some suggestions can be made. There will, in the first place, be the claimant's own evidence regarding the nature and extent of her or his complaints and whether that evidence is credible and consistent. Regard must also be had to the claimant's conduct and activities and whether they are consistent with the complaints. There will then be the evaluations of the claimant by the various professional personnel and Board's staff who have been involved in the case, for example, doctors, psychologists, rehabilitation consultants, and assessors in the Board's Industrial Department. Consideration will have to be given to the objective observations of these persons as well as their subjective assessments. They may be able to comment on whether the claimant's complaints are of a type and extent that might reasonably result from the type of injury which was suffered.

When there is little clinical evidence of objective impairment, extreme caution must be exercised in concluding that there is a permanent disability resulting from that injury. The evidence that is relied upon to support the assessment of such an award must be fully documented. It must clearly demonstrate that there is a permanent disability for which the payment of a pension award may be supported.

### **#97.50 Rumours and Hearsay**

Hearsay must only be used very cautiously as evidence, and rumour must not be used as evidence at all. But even rumour is often valuable as a lead to investigation.

### **#97.60 Lies**

A lie may be ground for drawing an adverse inference with regard to the facts to which it relates. But it is not in itself ground for denying compensation, particularly when it relates to something not relevant to the claim at all.

### **#98.00 INVESTIGATION OF CLAIMS**

In the majority of claims the issues are decided by reference to the information received in the worker's application and the employer's and medical reports. Any insufficiency in the information is usually made good by telephone, correspondence, or by informal interview. In a minority of claims, a more formal inquiry, or medical examination, may be necessary.

### **#98.10 Powers of the Board**

Section 87 of the *Act* provides as follows:

- “(1) The board, including the appeal division, has the like powers as the Supreme Court to compel the attendance of witnesses and examine them under oath, and to compel the production and inspection of books, papers, documents and things.
- (2) The board, including the appeal division, may cause depositions of witnesses residing in or out of the Province to be taken before a person appointed by the board, including the appeal division, in a similar manner to that prescribed by the Rules of the Supreme Court for the taking of like depositions in that court before a commissioner.”

Usually, the Board receives the willing cooperation of all concerned, and the power of subpoena is not used as a normal routine.

**Percentage**

Lumbar Spine:

111.	(a)	Compression fractures to include D12	
	(i)	Up to 50% compression	0-2%
	(ii)	Over 50% compression	2-4%
	(b)	Impairment resulting from surgical loss of intervertebral disc D12 to S1	0-2% per level
	(c)	Ankylosis (fusion) D12 to S1 including surgical loss of intervertebral disc	4% per level
112.		Loss of range of motion	
		Flexion	0-7%
		Extension	0-3%
		Lateral flexion right and left	each 0-2%
		Rotation right and left	each 0-5%
		Maximum impairment of function	not to exceed 24%

## Psychological Disability

The categories and descriptions are based on the American Medical Association *Guides to the Evaluation of Permanent Impairment* (4<sup>th</sup> Edition). The Board follows the principles of assessment set forth in that publication in assessing permanent psychological impairment.

<b>113</b>	<b>Aphasia and Communication Disturbances</b>	<b>%</b>
(a)	Mild - minimal disturbance in comprehension and production of language symbols of daily living	0-25%
(b)	Moderate - moderate disturbance in comprehension and production of language symbols of daily living	30-70%
(c)	Marked - inability to comprehend language symbols. Production of unintelligible or inappropriate language for daily activities	75-95%
(d)	Extreme - complete inability to communicate or comprehend language symbols	100%
<b>114</b>	<b>Disturbances of Mental Status and Integrative Functioning</b>	
(a)	Mild - some impairment but ability remains to satisfactorily perform most activities of daily living	0-25%
(b)	Moderate - impairment necessitates direction and supervision of daily living activities	30-70%
(c)	Marked - impairment necessitates directed care under continued supervision and confinement in home or other facility	75-95%
(d)	Extreme - individual is unable without supervision to care for self and be safe in any situation	100%
<b>115</b>	<b>Emotional (Mental) and Behavioural Disturbances</b>	
	The impairment levels below relate to activities of daily living, social functioning, concentration, and adaptation	
(a)	Mild - impairment levels are compatible with most useful functioning	0-25%
(b)	Moderate - impairment levels are compatible with some, but not all useful functioning	30-70%
(c)	Marked - impairment levels significantly impede useful functioning	75-95%
(d)	Extreme - impairment levels preclude most useful functioning	100%

Disability ratings greater than 0% are made in 5% increments.

CHART 1

THUMB OR SINGLE FINGER

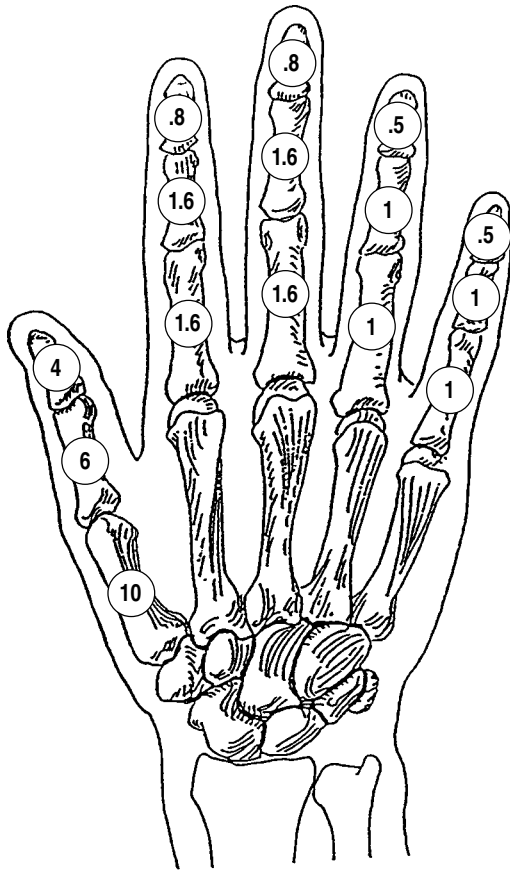


CHART 2

INDEX AND MIDDLE

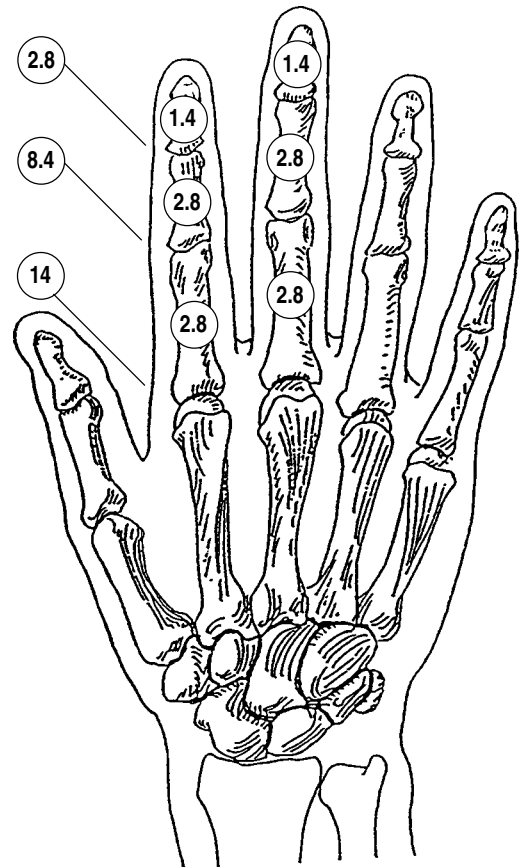


CHART 3  
INDEX AND RING

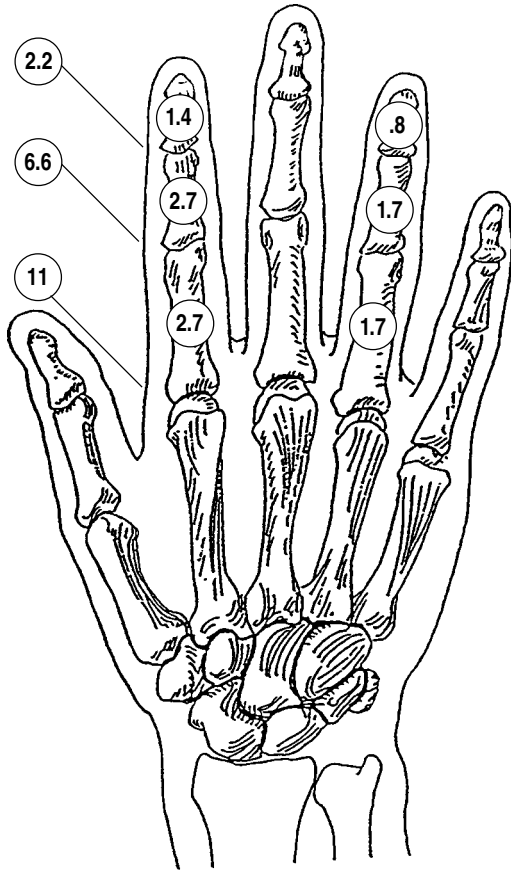


CHART 4  
INDEX AND LITTLE

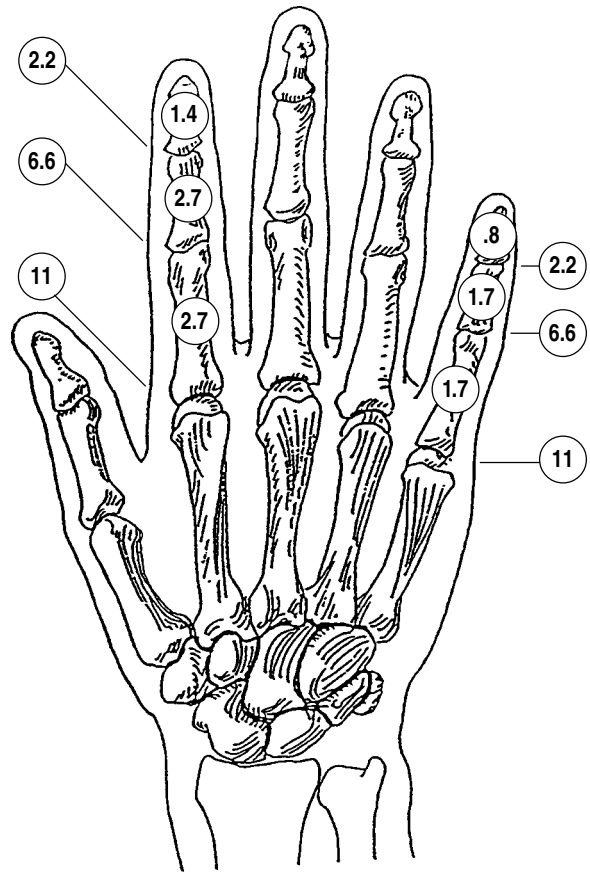


CHART 5  
MIDDLE AND RING

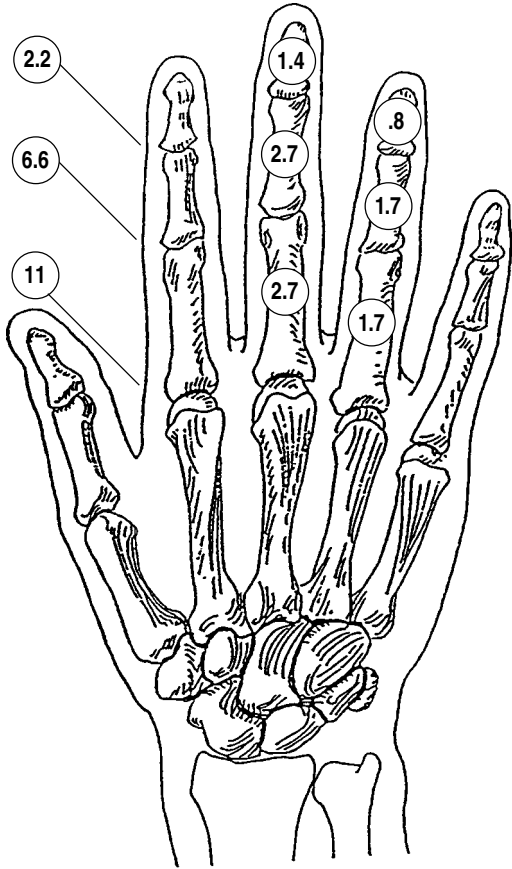


CHART 6  
MIDDLE AND LITTLE

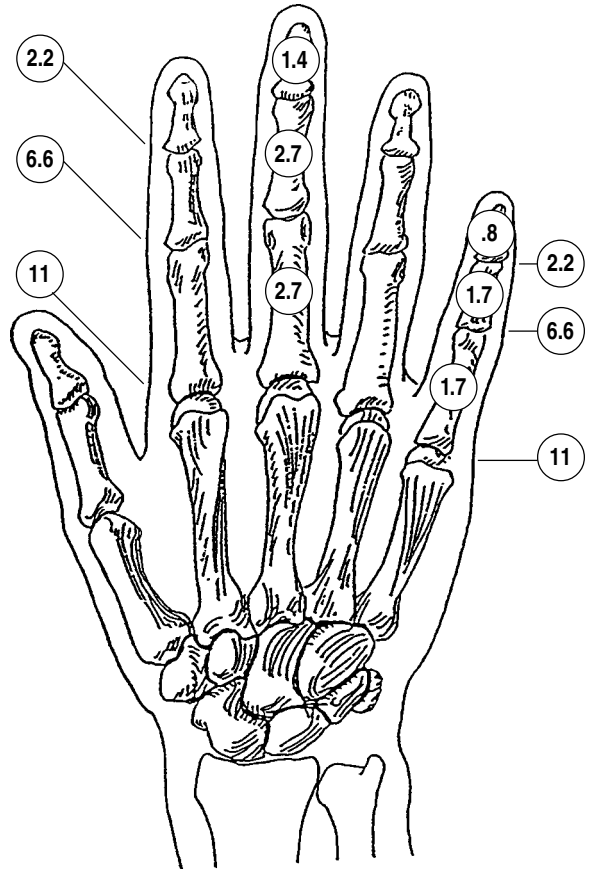


CHART 7  
RING AND LITTLE

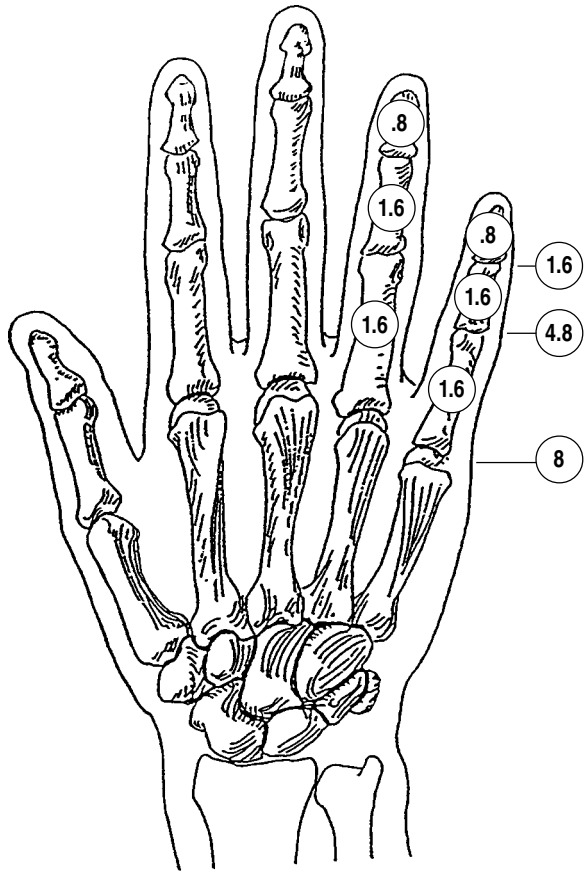
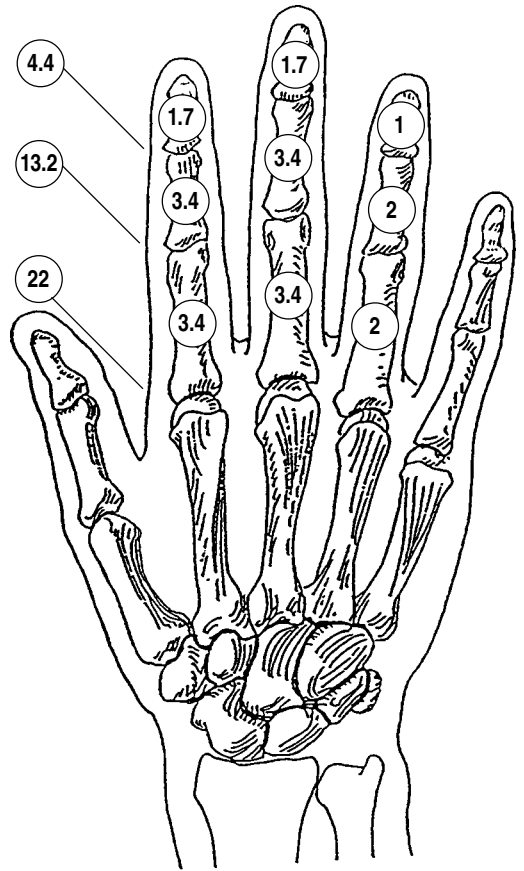
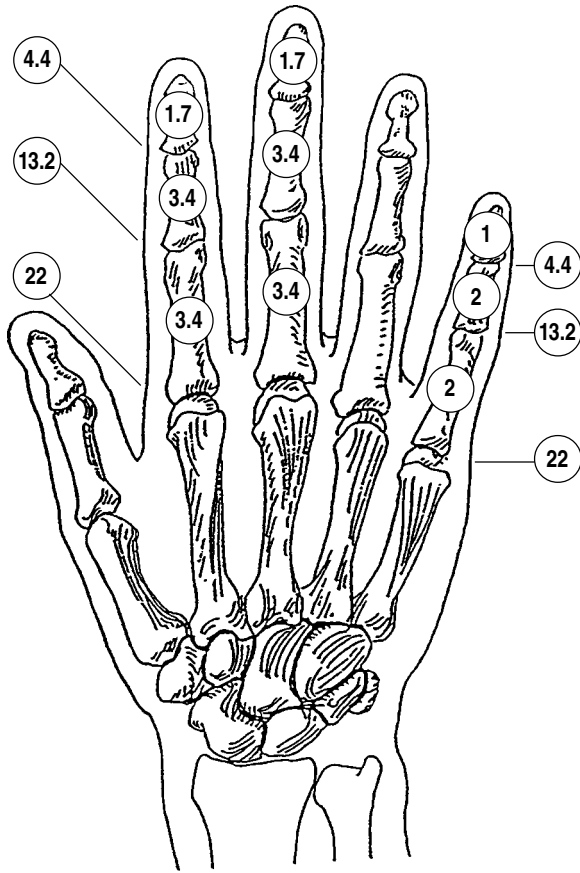


CHART 8  
INDEX, MIDDLE AND RING



### CHART 9

#### INDEX, MIDDLE AND LITTLE



### CHART 10

#### INDEX, RING AND LITTLE

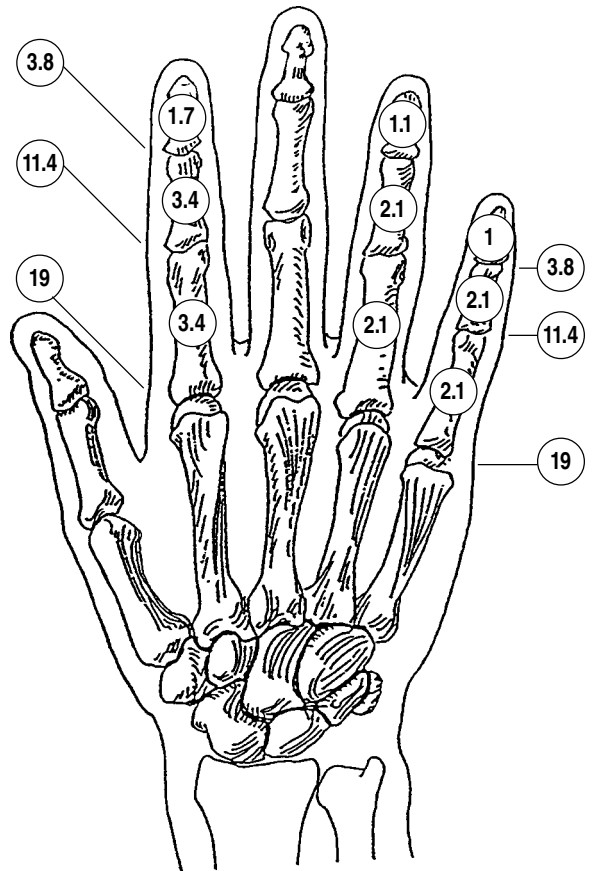


CHART 11

MIDDLE, RING AND LITTLE

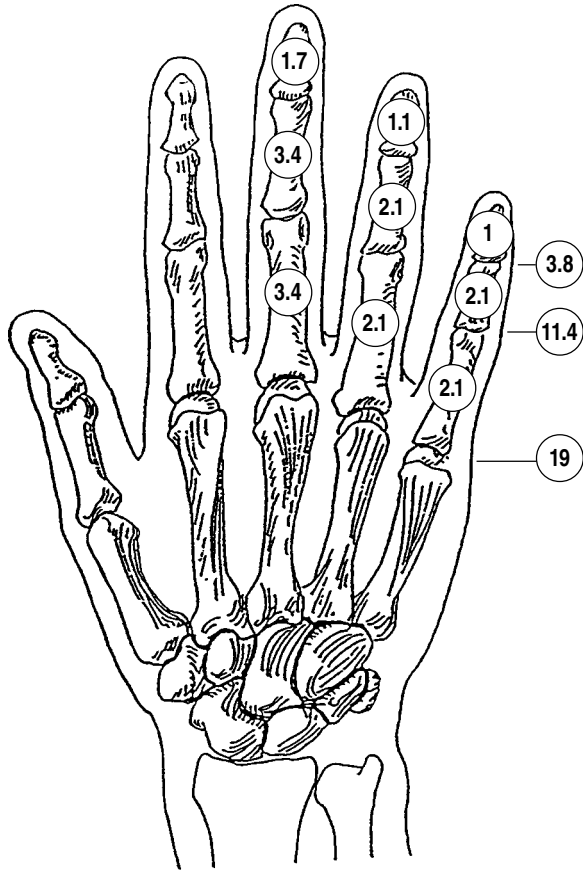


CHART 12

ALL FOUR FINGERS

