

APPENDIX 4

PERMANENT DISABILITY EVALUATION SCHEDULE – #39.10

EXPLANATION OF THE SCHEDULE

This is the Schedule used for guidance in the measurement of partial disability under section 23(1). The Schedule attributes a percentage of total disability to each of the specified disablements. For example, an amputation of the arm, middle, third of humerus, is indicated to be 65%. When that percentage rate is applied, it means that a worker will receive a section 23(1) award based on 65% of 90% of average net earnings as determined by the *Act*.

The Schedule does not necessarily determine the final amount of the section 23(1) award. The Board is free to take other factors into account. Thus, the Schedule provides a guideline or starting point for the measurement rather than providing a fixed result.

Only a minority of disabilities are listed in the Schedule. In other cases, however, a Schedule can still be of some guidance value if the injury is similar to one that is listed.

Where a worker is over the age of 45 at the effective date of the award, the percentage rate is increased by 1% of the assessed disability for each year over 45 up to a maximum of 20% of the assessed disability. For example, if the claimant were aged 55 at the effective date of the award and the rate indicated in the Schedule for the particular disablement is 50%, the age adaptability factor would be 10% of 50%, making an overall disability rating of 55% of total disability.

UPPER EXTREMITY

	Percentage
(A) Amputations:	
1. Proximal, third of humerus or disarticulation at shoulder	70
2. Middle, third of humerus	65
3. Distal, third of humerus to biceps insertion	60
4. Insertion of biceps to middle of forearm	57
5. Middle of forearm to wrist	54
(B) Immobility of Joints:	
6. Shoulder, complete with no scapular movement (so called frozen shoulder)	35
(a) Flexion	14
(b) Extension	3.5
(c) Abduction	7
(d) Adduction	3.5
(e) External Rotation	3.5
(f) Internal Rotation	3.5
7. Shoulder, gleno-humeral fusion, scapula free	20
8. Elbow	20
9. Wrist	12.5
(a) Flexion	4
(b) Extension	4
(c) Radial Deviation	2.25
(d) Ulnar Deviation	2.25
10. Pronation and supination complete in mid position	10
11. Pronation alone	6

	Percentage
12. Supination alone	4

(C) Surgical Procedures

13. Shoulder replacement arthroplasty	6.5
14. Elbow replacement arthroplasty	5.8

(D) Upper Extremity Normal Range of Motion Values

SHOULDER	Degrees
Flexion	158
Extension	53
Abduction	170
Adduction	50
* Internal Rotation	70
* External Rotation	90

* Arm in Abduction of 70 - 90 degrees; if unable to achieve this degree of abduction, internal and external rotation is measured in a neutral position, arm at side. The normal range in neutral position is 68 degrees for each movement

ELBOW

Flexion	146
Extension	0

FOREARM

Pronation	71
Supination	84

WRIST

Flexion	73
Extension	71
Radial Deviation	19
Ulnar Deviation	33

		Degrees
FINGERS		
DIPJ	Flexion	80
	Extension	0
PIPJ	Flexion	100
	Extension	0
MPJ	Flexion	90
	Extension	0
THUMB		
IPJ	Flexion	81
	Extension	0
MPJ	Flexion	53
	Extension	0
CMCJ	Flexion	15
	Extension	50
	Palmar Abduction	50

LOWER EXTREMITY

		Percentage
(A)	Amputations:	
15.	Hip disarticulation or short stump	65
16.	Thigh, sight of election or end bearing (requiring false knee joint)	50
17.	Short below knee stump suitable for conventional B.K. prosthesis	45
18.	Below knee, suitable for B.K. prosthesis (Patellar bearing)	35
19.	Leg, at ankle end bearing (Syme's Amputation)	25
20.	Midtarsal (Chopart's Amputation)	20
21.	Tarsometatarsal (Lisfranc's Amputation)	15
22.	Toes, all toes	5

	Percentage
23. Toes, great	2.5
• with head of metatarsal	5
24. Toes, great at distal	1
25. Toes, other than great, each	.5
• metatarsal, each	.5
26. Toe, little with metatarsal	2

LOWER EXTREMITY IMMOBILITY

(B) Immobility:

27. Hip	30
(a) Flexion	9
(b) Extension	2
(c) Abduction	7
(d) Adduction	3
(e) External Rotation	6
(f) Internal Rotation	3
28. Knee	25
29. Ankle	12
30. Great toe, MP Joint	1.25
31. Great toe, distal	.5
32. (a) Talocalcaneal arthrodesis, up to	4.25
(b) Triple arthrodesis	7.0

(C) Shortening:

33. (a) 1.5 cm or less	0
(b) 1.6 cm to 2.5 cm	2
(c) 2.6 cm to 3.5 cm	3
(d) 3.6 cm to 4.5 cm	4
(e) 4.6 cm to 5.5 cm	6
(f) 5.6 cm to 6.5 cm	8
(g) 6.6 cm to 7.4 cm	10
(h) 7.5 cm or more	15

		Percentage
(D)	Ligamentous Laxity	
34.	Ligamentous Laxity of Knee	
	(a) ACL or PCL	
	Grade I/Mild (5 – 9 mm)	1.67
	Grade II/Moderate (10 – 14 mm)	3.34
	Grade III/Marked (15 mm or more)	5
	(b) MCL or LCL	
	Grade I/Mild (5 – 9 mm)	0.83
	Grade II/Moderate (10 – 14 mm)	1.66
	Grade III/Marked (15 mm or more)	2.5
35.	Ligamentous Laxity of Ankle	
	Medial or Lateral	0-2
(E)	Miscellaneous Surgical Procedures	
36.	Total Hip Prosthesis	6
37.	Total Knee Prosthesis or Hemiarthroplasty	9

(F) Lower Extremity Normal Range of Motion Values

		Degrees
HIP		
	Flexion	113
	Extension	28
	Abduction	48
	Adduction	31
	Internal Rotation	30
	External Rotation	45

	Degrees
KNEE	
Flexion	134
Extension	0
ANKLE	
Dorsiflexion	18
Plantar Flexion	40
SUBTALAR	
Inversion	5
Eversion	5
GREAT TOE	
IPJ Flexion	60
Extension	0
MPJ Flexion (Plantar Flexion)	37
Extension (Dorsi Flexion)	63

DENERVATION

	Percentage
38. Median nerve complete at elbow	40
Median nerve complete at wrist	20
39. Ulnar nerve complete at elbow	10
Ulnar nerve complete at wrist	8
40. Peroneal, complete	10
41. Femoral nerve	12.5

IMPAIRMENT OF VISION

42. Enucleation	18
43. Industrially blind, single eye	16
44. Cataract or aphakia	12
45. Double aphakia	20

	Percentage
46. Hemianopia, right or left field	25
47. Diplopia, all fields	10
48. Scotomata, depending on location and extent	Up to 16

Loss of Visual Acuity:

49. 20/30	0
50. 20/40	1
51. 20/50	2
52. 20/60	4
53. 20/80	6
54. 20/100	8
55. 20/200 or poorer	16

IMPAIRMENT OF HEARING

Unilateral Hearing Loss:

56. Difference of 20 dB average at 500 cps, 1000 cps and 2000 cps	1
57. Difference of 30 dB average at 500 cps, 1000 cps and 2000 cps	2
58. Difference of 40 dB average at 500 cps, 1000 cps and 2000 cps	3

Bilateral Hearing Loss:

59. 35 dB ANSI (25 ASA) in single ear	0.2
60. 40 dB ANSI (30 ASA) in single ear	0.3
61. 45 dB ANSI (35 ASA) in single ear	0.5
62. 50 dB ANSI (40 ASA) in single ear	0.7

	Percentage
63. 55 dB ANSI (45 ASA) in single ear	1.0
64. 60 dB ANSI (50 ASA) in single ear	1.3
65. 65 dB ANSI (55 ASA) in single ear	1.7
66. 70 dB ANSI (60 ASA) in single ear	2.1
67. 75 dB ANSI (65 ASA) in single ear	2.6
68. 80 dB ANSI (70 ASA) in single ear	3.0

SCHEDULE D

NON-TRAUMATIC HEARING LOSS (SECTION 7)

	Percentage
69. Complete loss of hearing in both ears	15.0
70. Complete loss of hearing in one ear with no loss in the other	3.0

Loss of hearing in dbs measured in each ear in turn (ANSI)	Percentage of total disability Ear most affected PLUS ear least affected	
0 - 27	0	0
28 - 32	0.3	1.2
33 - 37	0.5	2.0
38 - 42	0.7	2.8
43 - 47	1.0	4.0
48 - 52	1.3	5.2
53 - 57	1.7	6.8
58 - 62	2.1	8.4
63 - 67	2.6	10.4
68 or more	3.0	12.0

	Percentage
71. Loss of Kidney	15
72. Loss of Spleen	10

THE SPINE

(CODIFIED MARCH 1, 1990)

This Schedule recognizes that anatomical loss or damage resulting from injury or surgery may contribute to physical impairment of the spine. When anatomic and/or surgical impairment is present as well as loss of range of movement of the spine, the final disability rating will be based on the greater of the two.

Range of movement of the spine is difficult to assess on a consistent basis because the joints of the spine are small, inaccessible and not externally visible. Only movement of a region of the spine can be measured; it is not possible to measure mobility of a single vertebra. Spine movement also varies with an individual's body type, age and general health. Because of these, a judgment factor will continue to be necessary in spine assessment.

Cervical Spine:

	Percentage
73. (a) Compression fractures	
(i) Up to 50% compression	0-2% impaired
(ii) Greater than 50% compression	2-4% impaired
(b) Impairment resulting from surgical loss of intervertebral disc C1 to D1	2% per level
(c) Ankylosis (fusion) C1 to D1 including surgical loss of intervertebral disc	3% per level
74. Loss of range of motion	
Flexion	0-6%
Extension	0-3%
Lateral flexion right and left	each 0-2%
Rotation right and left	each 0-4%
Maximum disability rating not to exceed	21%

Percentage

Thoracic Spine:

75.	(a)	Compression fractures	
	(i)	Up to 50% compression	0-1% impaired
	(ii)	Over 50% compression	1-2% impaired
	(b)	Impairment resulting from surgical loss of intervertebral disc D1 to D12	1% per level to a maximum of 6%
	(c)	Ankylosis (fusion) D1 to D12 including surgical loss of intervertebral disc	1% per level to a maximum of 6%
	(d)	Loss of Range of Motion Rotation, Right and Left, Each	0-3%
		Maximum disability rating not to exceed	6%

Lumbar Spine:

76.	(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	2% per level
	(c)	Ankylosis (fusion) D12 to S1 including surgical loss of intervertebral disc	4% per level
77.		Loss of range of motion	
		Flexion	0-9%
		Extension	0-5%
		Lateral flexion right and left	each 0-5%
		Maximum disability rating not to exceed	24%

Spine Normal Range of Motion Values

Degrees

CERVICAL SPINE

Flexion	40
Extension	40
Lateral Flexion	30
Rotation	60

THORACIC SPINE

Rotation	45
----------	----

LUMBAR SPINE

Flexion	60
Extension	25
Lateral Flexion	25

Psychological Disability

78.	Aphasia and Communication Disturbances	%
(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

79.	Disturbances of Mental Status and Integrative Functioning	%
(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
80.	Emotional (Mental) and Behavioural Disturbances	
	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.

81. ASTHMA

Either Tables A (1-3), Table B or Table C apply to assess asthma severity. The following considerations determine which tables or table to apply:

- Tables A1, A2 and A3 are used to make a clinical assessment based upon lung function tests and medication needs. The scores from Tables A1, A2 and A3 are added to obtain a total score for asthma severity.
- If the total score from Tables A1, A2 and A3 is "0", Table B is used to assess the severity of subjective symptoms.
- If the score from Table B is also "0", Table C is used to assess sensitization in an asymptomatic worker, resulting in the need to avoid work environments containing a sensitizing agent.

- Based on the asthma severity score from Tables A (1-3), Table B or Table C, Table D is then used to assign a percentage disability rating.

Table A1: Post-bronchodilator FEV₁*

Score	FEV ₁ % predicted
0	≥ lower limit of normal
1	70% – 80% of predicted
2	60% – 69% of predicted
3	50% – 59% of predicted
4	<50% of predicted

Table A2: Reversibility of FEV₁ or Degree of Airway Hyperresponsiveness

Score	% FEV ₁ Change	OR	PC ₂₀ ** mg/ml or Equivalent (Degree of Airway Hyperresponsiveness)
0	<10%		>8 mg/ml
1	10% – 19%		8 mg/ml to >0.6 mg/ml
2	20% – 29%		0.6 mg/ml to >0.125 mg/ml
3	≥ 30%		≤ 0.125 mg/ml
4	n/a		n/a

Table A3: Minimum Medication Need

Score	Medication
0	None
1	Occasional (but not daily) Bronchodilator and/or occasional (but not daily) cromolyn
2	Daily bronchodilator and/or daily cromolyn and/or daily low dose inhaled steroid (< 800µg of beclomethasone or equivalent)
3	Bronchodilator on demand and daily high-dose inhaled steroid (>800µg of beclomethasone or equivalent) or occasional course (1-3 courses per year) of systemic steroid
4	Bronchodilator on demand and daily high-dose inhaled steroid (>800µg of beclomethasone or equivalent) and daily or every other day systemic steroid

*FEV₁ indicates the “forced expiratory volume” of air exhaled during the first second of a forced breath.

**PC₂₀ is the “provocative concentration” of a stimulus that causes a 20% fall in FEV₁.

If FEV₁ is ≥ to the lower limit of normal, PC₂₀ should be determined and used for rating asthma severity; if FEV₁ is 70% to 80%, either reversibility or PC₂₀ can be used; if FEV₁ is < 70% of the predicted, reversibility only is used for rating asthma severity.

Table B: Symptom Severity as Reported by the Treating Physician or Board Medical Advisor

Score	Symptoms
0	None
0.3	Shortness of breath on exertion
0.6	Shortness of breath & wheezing on moderate exertion
0.9	Shortness of breath, wheezing, cough, and chest tightness on mild exertion

Table C: Sensitization

Score	Sensitization
0	The worker is able to return to the workplace without experiencing asthmatic symptoms.
0.1 – 0.2	<p>The worker reacts with asthmatic symptoms upon exposure to a sensitizing agent in the workplace, indicated by increased bronchial reactivity and/or a significant change in peak flow when the worker returns to the workplace under conditions that do not expose the worker to irritant levels of the sensitizing agent or other known respiratory irritants. After considering medical advice, the Board determines that the worker must avoid workplaces containing the sensitizing agent.</p> <p>In assessing the disability rating, the Board considers the extent to which the sensitizing agent is commonly found in work environments. Generally, the more common the sensitizing agent, the higher the disability rating.</p>

Table D: Asthma Disability Rating

Score (Table A(1-3), B or C whichever is higher)	Disability Rating
0	0%
0.1 – 0.2	1% - 2%
0.3	3%
0.6	6%
0.9	9%
1	10 %
2	14%
3	18%
4	22%
5	26%
6	30%
7	34%
8	42%
9	50%
10 - 11	51% - 100%

82. CONTACT DERMATITIS

Disability Rating	Signs & Symptoms	Treatment (see I and II for details)
1 – 2%	<p>Skin disorder signs and symptoms not present when the worker is removed from a workplace sensitizing agent, but the worker reacts with recurrent signs and symptoms of marked extent and severity when exposed to the sensitizing agent. The worker experiences these signs and symptoms when he or she returns to the workplace under conditions that do not expose the worker to irritant levels of the sensitizing agent or other known dermal irritants. After considering medical advice, the Board determines that the worker must avoid workplaces containing the sensitizing agent.</p> <p>In assessing the disability rating, the Board considers the extent to which the sensitizing agent is commonly found in work environments. Generally, the more common the sensitizing agent, the higher the disability rating.</p>	Requires no treatment.
3 – 5%	Skin disorder signs and symptoms present or intermittently present.	Requires no or intermittent treatment with agents listed in I below.
6 – 24%	Skin disorder signs and symptoms intermittently or constantly present.	Requires intermittent treatment with agents listed in I and II below.
25 – 50%	Skin disorder signs and symptoms constantly present.	Constant treatment with agents listed in I and II below. Cases such as these are rare and require tertiary level medical input.

In evaluating the severity of the worker's condition and its effect on earning capacity, the Board officer may consider the limitations experienced by the worker in his or her activities of daily living.

I. TREATMENTS

a. Topical Treatment

Topical treatment may be indicated for mild cases of contact dermatitis with limited site of involvement, acute contact dermatitis when the offending agent has been removed, or chronic contact dermatitis with limited symptoms.

Topical therapy frequently includes:

- i. Emollients, lubricants, moisturizers
- ii. Non-alkaline cleansers instead of soap
- iii. Cool compresses
- iv. Lotions, such as calamine
- v. Topical corticosteroid creams, ointments, lotions, gels or spray
- vi. Antibiotics

b. Systemic Treatment

- i. Antihistamines
- ii. Antibiotics

II. SYSTEMIC TREATMENT (OTHER)

Systemic treatment may be indicated for control of itching and/or edema even in cases of limited extent. Systemic treatment may also be indicated for moderate to severe acute and/or chronic contact dermatitis. Such treatments include:

- i. Antihistamines
- ii. Corticosteroids (oral or parenteral)
- iii. Antibiotics (oral or parenteral)
- iv. Psoralen (topical or oral) and ultraviolet A radiation (PUVA)
- v. Azathioprine
- vi. Cyclosporin

EFFECTIVE DATE: January 1, 2007 (with respect to items 81 and 82)

APPLICATION: To all section 23(1) assessments and reassessments undertaken with reference to the *Permanent Disability Evaluation Schedule* on or after August 1, 2003.

With respect to items 81 and 82, to claims where the worker is first disabled from earning full wages, in accordance with section 6(1) of the *Workers Compensation Act*, on or after January 1, 2007.

HAND CHARTS

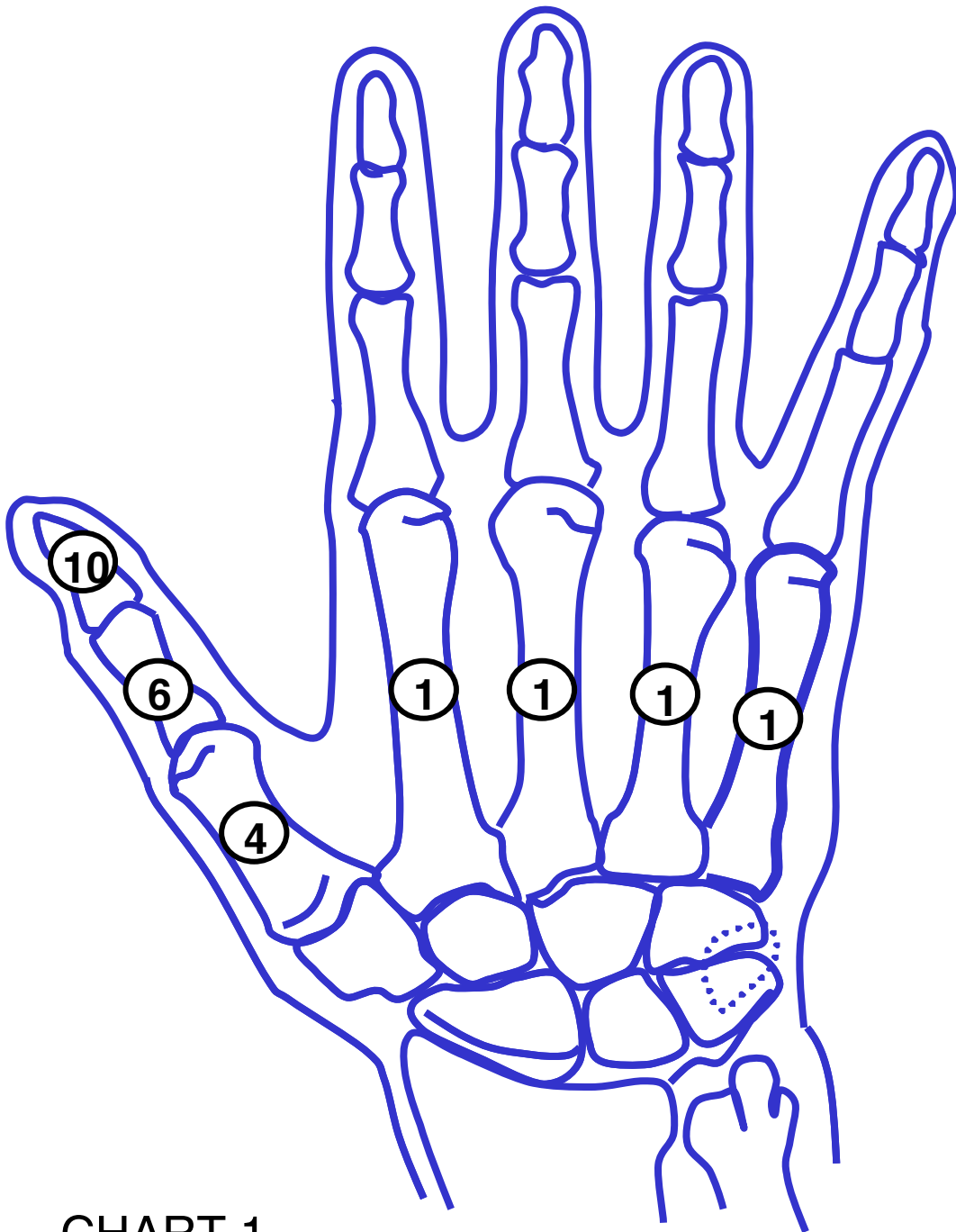


CHART 1
THUMB AND METACARPALS

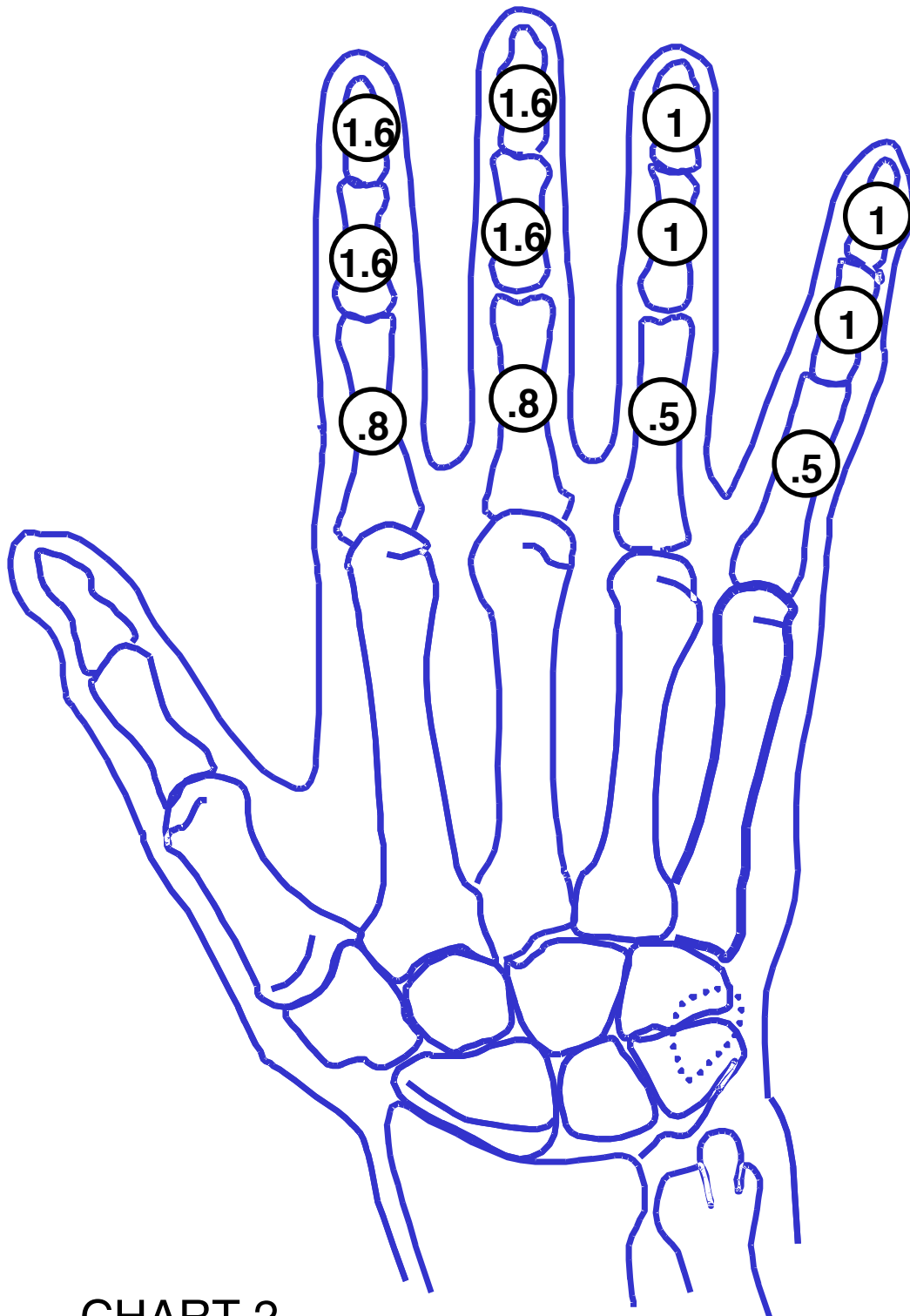


CHART 2
SINGLE FINGER

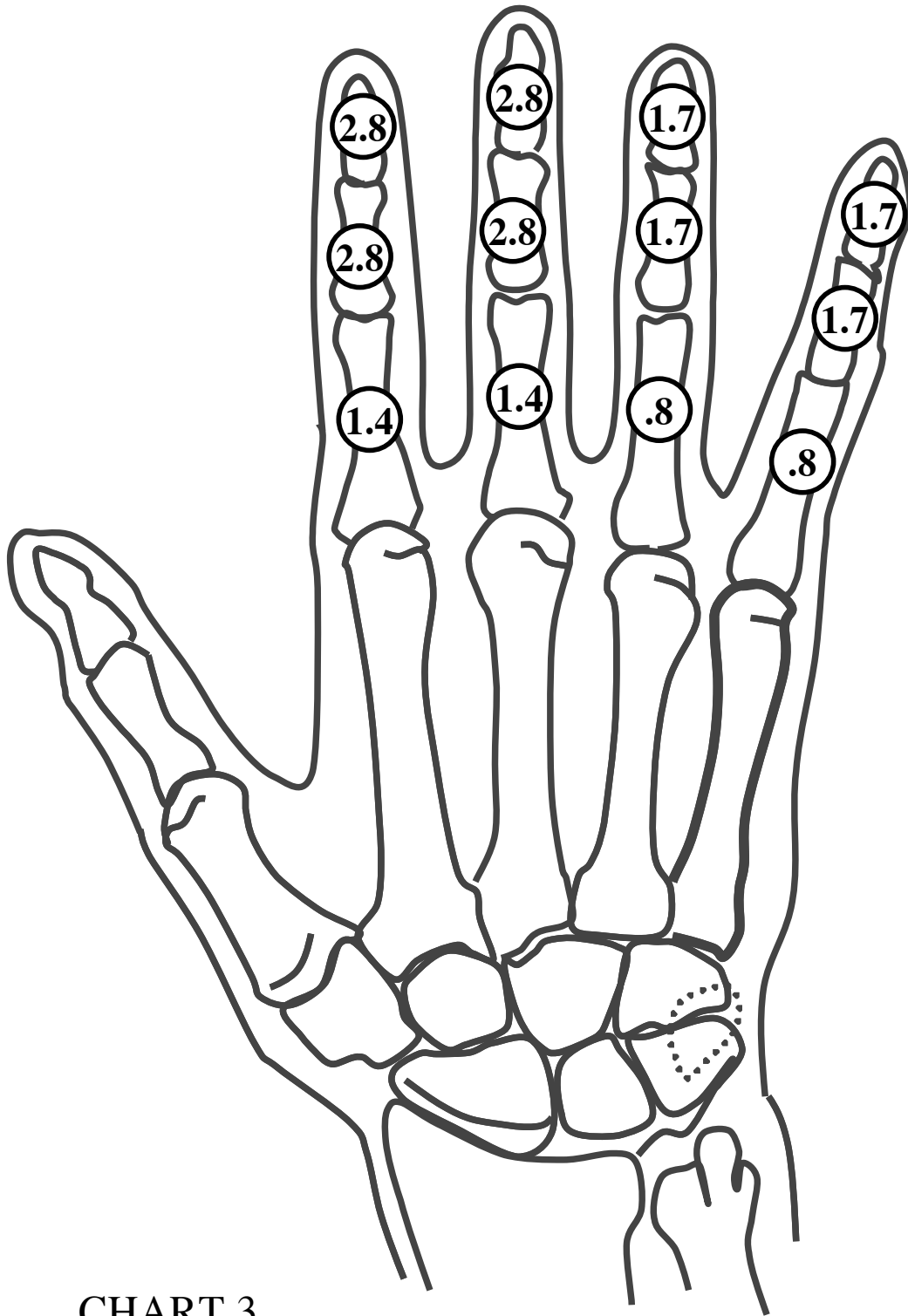


CHART 3
TWO FINGERS

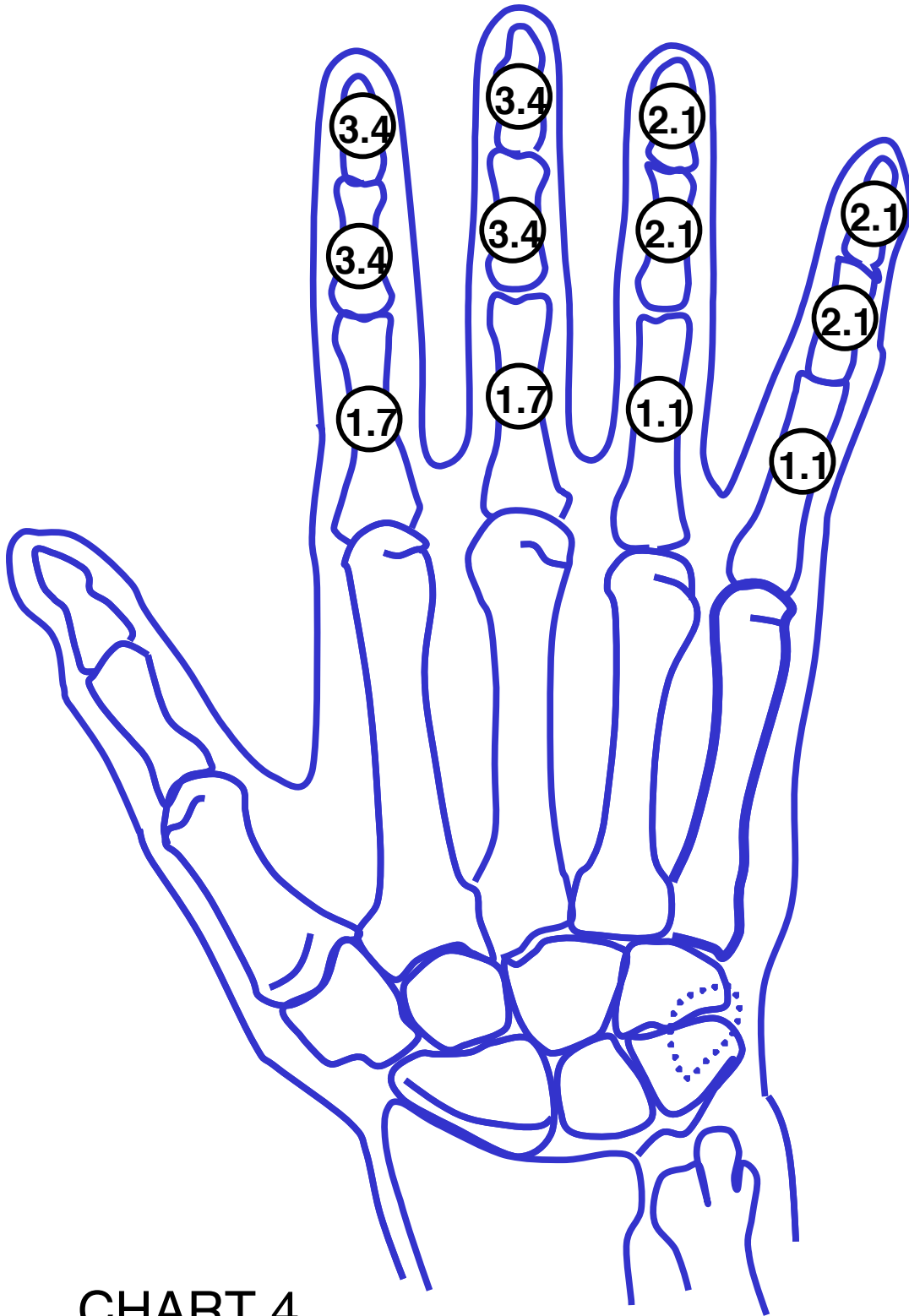


CHART 4
THREE FINGERS

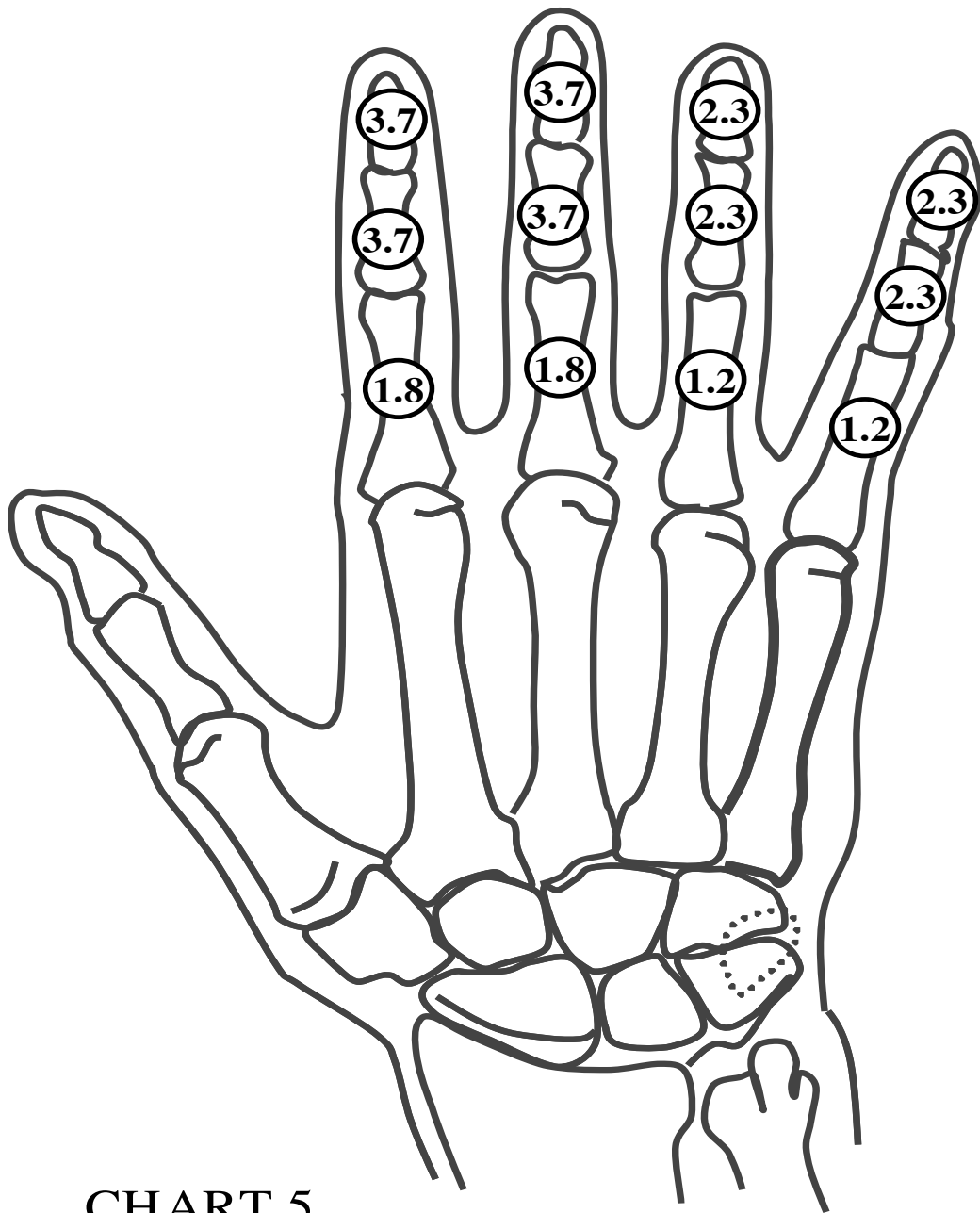


CHART 5
FOUR FINGERS