

2023/01/25-04**WORKERS' COMPENSATION BOARD
(WorkSafeBC)****RESOLUTION OF THE BOARD OF DIRECTORS****RE: Permanent Disability Evaluation Schedule 2022 Review,****Re: Section III (E), Section V (D)****WHEREAS:**

Pursuant to section 319 of the *Workers Compensation Act*, R.S.B.C. 2019, c. 1 (*Act*), the Board of Directors of WorkSafeBC must set and revise as necessary the policies of the Board of Directors, including policies respecting occupational health and safety, compensation, rehabilitation and assessment;

AND WHEREAS:

Section 195(1) of the *Act* provides if a permanent partial disability results from a worker's injury, WorkSafeBC must estimate the impairment of the worker's earning capacity from the nature and degree of the injury, and pay the worker compensation that is a periodic payment that equals 90% of WorkSafeBC's estimate of the worker's loss of average net earnings resulting from the impairment;

AND WHEREAS:

Section 195(3) of the *Act* provides WorkSafeBC may compile a rating schedule of percentages of impairment of earning capacity for specified injuries or mutilations that may be used as a guide in determining the compensation payable in permanent partial disability cases;

AND WHEREAS:

WorkSafeBC has adopted the *Permanent Disability Evaluation Schedule* (PDES) found in Appendix 3 to the *Rehabilitation Services & Claims Manual*, Volume II (*RS&CM*), as the schedule used for guidance in the measurement of permanent partial disability for the purposes of section 195(1) and (3) of the *Act*;

AND WHEREAS:

The PDES is reviewed on an ongoing basis to ensure it remains current with developments in the medical and scientific literature;

AND WHEREAS:

As a result of the most recent review, the Policy, Regulation and Research Department has developed the following amendments to the PDES:

- An amendment to section III (Upper Extremity), subsection E (Miscellaneous Conditions and Surgical Procedures), to remove inaccurate terminology, and
- An amendment to section V (Hands), subsection D (Loss of Strength), to clarify evaluation methodology;

THE BOARD OF DIRECTORS RESOLVES THAT:

1. The amendments to the PDES in Appendix 3 to the *RS&CM*, as set out in Appendix 1 attached to this resolution, are approved and apply to all decisions made on or after March 1, 2023.
2. This resolution is effective March 1, 2023.
3. This resolution constitutes a policy decision of the Board of Directors.

I, Jeff Parr, hereby certify for and on behalf of the Board of Directors of WorkSafeBC that the above resolutions were duly passed at a meeting of the Board of Directors hosted in British Columbia on January 25, 2023.

Original signed by Jeff Parr

JEFF PARR

Chair, Board of Directors

Workers' Compensation Board

III. Upper Extremity

Loss of strength	Definition	Percentage
Normal	No loss of function	0
Mild	Active movement against strong resistance	1
Moderate	Active movement against slight resistance	3
Marked	Movement against gravity	5
Complete	No power	7

E. Miscellaneous Conditions and Surgical Procedures

Unless otherwise specified, disability ratings for miscellaneous conditions and surgical procedures involving the upper extremity are added to the other applicable ratings for immobility, loss of range of motion and/or loss of strength in the affected extremity.

	Percentage
Shoulder replacement arthroplasty	6.5
Elbow replacement arthroplasty	5.8
Biceps tendon rupture (with no surgical correction)	
Proximal.....	1.5
Distal.....	2

If surgical repair of a biceps tendon rupture is undertaken, the rating is based on loss of range of motion and loss of strength resulting from the accepted injury and surgical repair, and not the above values. The above ratings for biceps tendon rupture with no surgical correction include consideration of associated loss of range of motion and loss of strength.

Acromioclavicular (AC)-or-lateral-clavicular joint resection	3
Distal-clavicular joint resection.....	3
Sternoclavicular joint resection	3
Radial head resection (with or without prosthetic replacement).....	3

Resurfacing or partial arthroplasties merit the same disability rating as a complete arthroplasty.

V. Hands

The following principles apply to rating loss of hand strength:

1. The percentage of disability for total loss of hand strength is equal to one-third of the measured pinch grip strength loss, plus 100% of the measured hand grip strength loss.
2. With unilateral strength loss, comparison is made with the uninjured side as the normal value.
3. With bilateral strength loss, comparison is made with the Table of Average Grip and Pinch Strength, attached as Appendix A.
4. ~~Pinch grip technique employs lateral or "key" pinch grip.~~
45. The highest hand **and** ~~er~~ pinch grip strength recorded is used in the calculations above.

E. Loss of Sensation

A disability rating for loss of sensation in the hands is only to be applied if there is strong, consistent, objective evidence of loss of sensation that is not taken into account by the amputation or loss of range of motion value, and not covered by peripheral nerve ratings or nerve root conditions.

For sensory loss due to peripheral nerve injury, see Section VIII, "Peripheral Nerve Conditions".

For sensory loss due to nerve root injury, see Section IX, "Nerve Root Conditions".

1. Two-Point Discrimination Sensory Loss

Two-point discrimination findings are measured on the radial and ulnar sides of a phalanx. The percentage of disability for sensory loss on each side is then assessed based on the amputation value of the most distal remaining phalanx, with reference to the applicable Hand Chart, as follows: