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March 2023

Update 2023 - 2

HOLDERS OF THE REHABILITATION SERVICES & CLAIMS MANUAL TO: - VOLUME II

This update of the Rehabilitation Services & Claims Manual contains amendments in the *Manual* implemented since update 2023 – 1.

The revised pages are amendments for:

Appendix 3, Permanent Disability Evaluation Schedule

A summary is attached and the amended pages are included as part of the package effective March 1, 2023.

These amended pages and the complete manual are available at worksafebc.com/law-policy.

Ian Shaw Head of Law & Policy

Attachments

Rehabilitation Services & Claims Manual, Volume II

SUMMARY OF AMENDMENTS – Update 2023 – 2

Chapter	Policy	Pages	Change
Appendix 3	Section III (Upper Extremity), subsection E (Miscellaneous Conditions and Surgical Procedures)	Pages A3-13 to A3-14	amended
	Section V (Hands), subsection D (Loss of Strength)	Pages A3-19 to A3-20	amended
		Page A3-119	updated

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 Biceps tendon rupture (with no surgical correction) 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. Resurfacing or partial arthroplasties merit the same disability rating as a complete arthroplasty.

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IV. Hand-Arm Vibration Syndrome

To measure the extent of any permanent disability resulting from hand-arm vibration syndrome, the evaluation is carried out in the following manner:

1. The vascular, sensorineural and musculoskeletal impairments of the worker are assessed in reference to the following table:

Elements	Process (Assess each hand separately)	Points Applied
Vascular Element	Assess vascular elements: blanching of fingers in cold temperature, pain, swelling, ulcers, gangrene and amputations: Distal phalange on index, middle and ring finger = 1 point each Middle phalange on index, middle and ring finger = 1 point each Proximal phalange on index, middle and ring finger = 2 points each All phalanges on little finger = 1 point All phalanges on thumb finger = 1 point Distal half of palm (top) = 1 to 2 points Proximal half of palm (bottom) = 1 point	17 points max per hand
	ADD: Double value of sum of above if there is evidence of trophic changes (i.e., ulcers)	17 points max per hand
	MAXIMUM points for Vascular element	34 points per hand
Sensorineural Element	Assess sensorineural impairment (evidence of numbness, tingling and reduced sensory perception)	2 points max per hand
	Assess manual dexterity (i.e., difficulty with buttons and writing) Additional 1 to 2 points per hand if reduction occurs	2 points max per hand
	MAXIMUM points for sensorineural element	4 points per hand
Musculoskeletal Element	Assess musculoskeletal impairment (loss of grip strength)	2 points max per hand
MAXIMUM points fro elements for each ha	m vascular, sensorineural and musculoskeletal and	40 points per hand
Add total points for b	oth hands	

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V. Hands

		Degrees
Thumb		_
IPJ	Flexion	81
	Extension	0
MPJ	Flexion	53
	Extension	0
CMCJ	Flexion	15
	Extension	50
	Palmar Abduction	50

D. Loss of Strength

This section sets out how to rate loss of strength where loss of strength is the only permanent impairment in the hands or when a loss of strength is rated separately and added to other ratings in the Schedule.

To determine when loss of strength is rated separately and added to other ratings in the Schedule, see Section II, "Application of the Schedule", under heading F. Loss of Strength.

A disability rating for loss of strength in the hands is assessed per hand. Such a rating is only to be applied if there is strong, consistent, objective evidence of loss of strength. In addition, there must be a clear pathological explanation for the weakness.

The following formula is used to assess total percentage loss of hand strength:

$$\left(\frac{1}{3}\left(\frac{pinch\ grip\ loss\ of\ strength}{normal\ pinch\ grip\ strength}\right) + \left(\frac{hand\ grip\ loss\ of\ strength}{normal\ hand\ grip\ strength}\right)\right) \times 100 = total\ percentage\ loss\ of\ strength$$

Total percentage loss of hand strength amounts to percentage of total disability as set out in the following table:

Total Percentage Loss of Strength	Percentage (of Total Disability)
20 – 40	3
41 – 70	6
71 – 100	9

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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. The highest hand and 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:

March 1, 2023 Volume II A3-20 **EFFECTIVE DATE:** March 1, 2023

AUTHORITY: Sections 195(1) and 195(3) of the Act

CROSS REFERENCES: Item C6-39.00, Section 195 Permanent Partial Disability

Benefits, of the Rehabilitation Services & Claims Manual.

Volume II.

HISTORY: March 1, 2023 – 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.

November 24, 2022 - Housekeeping changes to the nontraumatic hearing loss (Schedule 2/Section 145 of the Act) section consequential to implementing the Workers Compensation Amendment Act (No. 2), 2022 (Bill 41).

February 1, 2022 – Revised current ratings for photophobia; and

added criteria to the three categories of photophobia. January 1, 2021 – Housekeeping changes made to crossreferences consequential to reformatting and renumbering policies in Chapter 6, Permanent Disability Benefits. September 1, 2020 - Policy amended to correct a cross-

referencing error.

April 6, 2020 - Housekeeping changes consequential to implementing the Workers Compensation Act,

R.S.B.C. 2019, c. 1.

December 1, 2019 – Set the rating for comminuted calcaneal fractures at 7%: clarified ratings for nerve root and peripheral nervous system conditions affecting part of the nerve's distribution; and made minor editorial changes.

January 1, 2019 – Updated Vision and Loss of Strength. Revised a typographical error in Vestibular Disorders. May 1, 2017 – Added obturator nerve to section VIII. Peripheral Nervous System Conditions. Changed the percentages of disability for permanent tracheostomy, significant tracheal obstruction and minor tracheal obstruction; changed the range of motion rating threshold for the spine and limbs; and made minor consequential amendments including typographical errors and edits for clarification.

January 1, 2015 – consolidated and incorporated policy items #31.90, #39.11, #39.12, #39.13, #39.20, #39.21, #39.30, #39.31, #39.32, #39.40, #39.41, #39.42, #39.43, and #39.44 of the Rehabilitation Services & Claims Manual, Vol II., and portions of the Additional Factors Outline.

January 1, 2007 – policy changes to add item 81 Asthma and item 82 Contact Dermatitis to the Permanent Disability Evaluation Schedule.

August 1, 2003 – substantial changes to the Permanent Disability Evaluation Schedule including changes to the percentage(s) of disability for partial amputation of the digits, spine and pronation/supination. Housekeeping changes. July 16, 2002 – housekeeping changes.

Applies to all decisions made on or after March 1, 2023. **APPLICATION:**

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