L.N. 170 of 2007

SOCIAL SECURITY ACT
(CAP. 318)

Impairment Tables Regulations, 2007

IN exercise of the powers conferred by article 84(h) of the Social Security Act, hereinafter referred to as "the Act", the Minister for the Family and Social Solidarity, with the concurrence of the Prime Minister and Minister of Finance, has made the following regulations:

Citation and commencement.

1. (1) The title of these regulations is the Impairment Tables Regulations, 2007.

(2) These regulations shall come into force on the 1st July, 2007.

Prescription of guidelines for claims under article 26 of the Act.

2. The guidelines in the Schedule to these regulations are being prescribed for the purposes of article 26 of the Act with regard to the determination of the medical aspects for eligibility or otherwise of an applicant for a claim in respect of a benefit, allowance or pension under the Act.

SCHEDULE

(Regulation 2)

Impairment Tables Used To Assess Work-Related Impairments And Determine Eligibility To A Pension In Respect Of Invalidity.

NOTE: In the Assessment of Work Related Impairments these Tables are to be used as outlined in the official guide on Work Related Impairments issued by the Department of Social Security.

TABLE 1 – LOSS OF CARDIOVASCULAR AND/OR RESPIRATORY FUNCTION: EXERCISE TOLERANCE

Cardiovascular and Respiratory Function is measured by reference to exercise tolerance. A rating is obtained from Table 1 by determining the lowest MET band which causes restriction in activity from a cardiac or respiratory condition. 1 MET is defined as average oxygen consumption at rest which is 3.5mL O_2/kg/min.

The clinical judgement of medical officers based on history and examination is to be used but in cases where a reliable history is difficult to obtain despite discussions with the treating doctor or the history of exercise tolerance is inconsistent with clinical findings on examination, the results of an Exercise ECG or Respiratory Function Test may be obtained.

The appropriate MET level is calculated using the lists in Table 1.2.

Peripheral Vascular Disease is assessed under the lower limb Table 4. Varicose veins are assessed under either the Lower Limb or Skin Table. Hypertension is assessed under Table 20. Where exercise intolerance is caused by a combination of cardiac and respiratory conditions, Table 1 is to be used and used only once. Episodic conditions such as cardiac arrhythmias and episodic asthma should be assessed under Table 21 unless they are exercise induced.

Assignment of Rating

Rating	Symptomatic Activity Level (METs)
NIL	7 – 8 or higher
FIVE	6 – 7
FIFTEEN	5 – 6
TWENTY	4 – 5
THIRTY	3 – 4
FORTY	2 – 3 or less

TABLE 1.2 - METABOLIC COST OF ACTIVITIES

Listed below is a more comprehensive set of activities, with their corresponding MET level. One MET represents the energy level expenditure associated with the consumption of 3.5ml O2/kg body weight/minute. Please use this list to assist you in determining an appropriate symptomatic MET level for the claimant.

In determining the symptomatic activity level, greater reliance is placed on activities which involve a steady expenditure of energy (e.g. walking steadily for 10 minutes) as opposed to a sporadic expenditure of energy (e.g. playing one hole of golf). The former activities are more reliable indicators of exercise tolerance. Less reliance is placed on activities which can be completed in less than a few minutes, as symptoms may take longer than this to occur.

Metabolic Cost of Activities

1-2 METs Energy expended at rest or minimal activity:

lying down	sitting and drinking tea	using sewing machine (*electric*)
sitting down	sitting and talking on telephone	travelling in a car as passenger
strolling (*slowly*)	standing	typing
sitting and knitting		

2-3 METs Energy expended to dress, wash and perform light household duties:

walking 3.5km/hr (*slowly*)	playing piano/ violin/ organ	clerical work which involves moving around
setting table	playing billiards	
washing dishes	driving power boat	bench assembly work (*sitting*)
dressing	light sweeping	using self-propelled mower
light tidying, dusting	horseback riding at walk	polishing silver
driving a car	lawn bowls	making bed
cooking, preparing meals		

3-4 METs Energy required for walking at average pace:

walking 5km/hr (*average walking pace*)	vacuuming	machine assembly
	sedate cycling (10km/hr)	minor car repairs
shifting chairs	light gardening (*weed/water*)	light carpentry (*chiselling, hammering, sawing and planing with hand tools*)
hanging out washing	playing golf (*with power buggy*)	
tidying house *(includes carrying heavy objects)*	welding	

4-5 METs Moderate activities: encompasses more active daily activities with the exclusion of manual labour and vigorous exercise:

mopping floors	gentle swimming	stocking shelves with light objects
golf (*pulling buggy, carrying bag*)	ballroom dancing	
beating carpets	stacking firewood	painting outside of house
polishing furniture	cleaning windows	wallpapering
hoeing (*soft soil*)	pushing light power mower over	walking 6.5 km/hr (*sustained*

showering	flat suburban lawn at slow, steady pace	*brisk walk, discomfort talking at the same time*)
cleaning car (excludes vigorous *polishing*)		

5-6 METs Heavy exercise: manual labour or vigorous sports:

shovelling dirt (*12 throws/min.*)	digging in garden	walking slowly but steadily up stairs
tennis doubles (*social non-competitive*)	scrubbing floors	pushing a full wheelbarrow (20kg)

6-7 METs:

loading truck with bricks	pace walking	carrying load upstairs (10kg)

7-8 METs Very heavy exercise:

jogging (*8km/hr*)	sawing hardwood with hand tools	using pick & shovel to dig trenches
tennis (*singles, non-competitive*)	swimming laps (*non-competitive*)	

8-9 METs:

running (9km/hr)	chopping hardwood	

10 METs:

running (9km/hr) *non-competitive*)	cycling quickly (25 km/hr)	carrying loads (10kg) up a gradient

TABLE 2 – LOSS OF RESPIRATORY FUNCTION: PHYSIOLOGICAL MEASUREMENTS

Respiratory function is measured by reference to exercise tolerance in the majority of cases and so Table 1 is used. Spirometry can be used where the medical officer feels it is more appropriate for example, where a history of exercise tolerance is difficult to obtain and assess or the history of exercise tolerance is inconsistent with clinical findings on examination. A rating is then obtained using Table 2.

Predictive nomograms for the forced expiratory volume over one second (FEV1) and the forced vital capacity (FVC) are at Tables 2.2 and 2.3.

Measurements of Forced Expiratory Volume in one second and Forced Vital Capacity should be performed with a vitalograph or equivalent instrument. Ideally, three readings should be taken and the best of these used to calculate a rating. Calculate the ratio of FEV1 and FVC against the predicted figures as a percent. Testing pre- and post-bronchodilatation is unnecessary as the aim of assessment under this Table is to assess people in their "normal" state. Furthermore, this Table is only to be used for people with irreversible lung disease. The FEV1 is usually selectively reduced in Chronic Airflow Limitation and the FVC in Restrictive Lung Disorders. The FEV1 should be used in preference to the FVC where there is a discrepancy between the two in Chronic Airflow Limitation.

Assignment of a Rating

Rating	% Predicted FEVI or FVC
NIL	80 +
TEN	75 – 79
FIFTEEN	70 – 74
TWENTY	65 – 69
TWENTY – FIVE	60 – 64
THIRTY	50 – 59
FORTY	49 or less

TABLE 2.2 Prediction nomogram – males

NOTES: From Kamburoff, Petia L., and Woitowitz, H.J. & R.H. (1972)

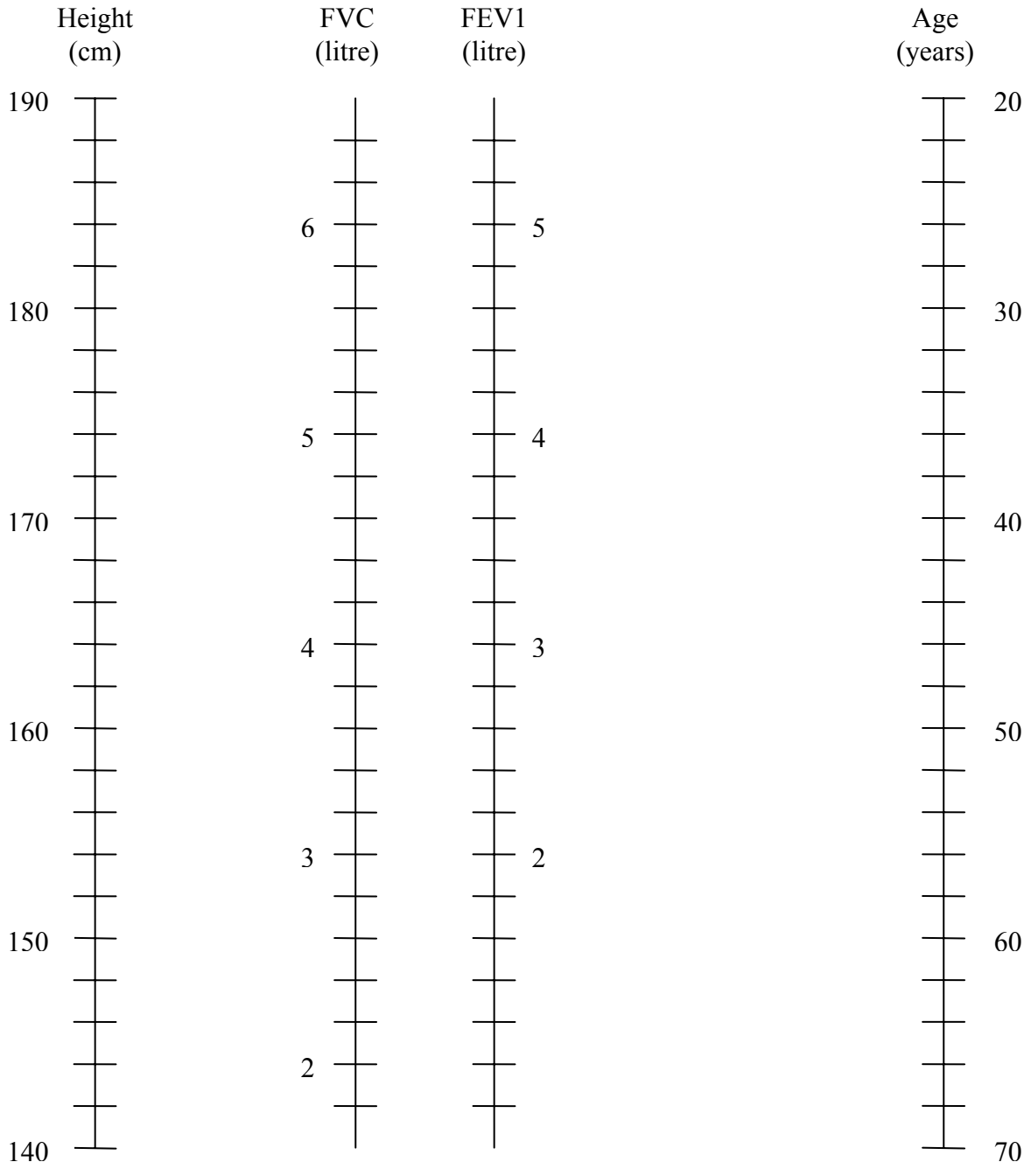


TABLE 2.3 Prediction nomogram – females

NOTES: From Kamburoff, Petia L., and Woitowitz, H.J. & R.H. (1972)

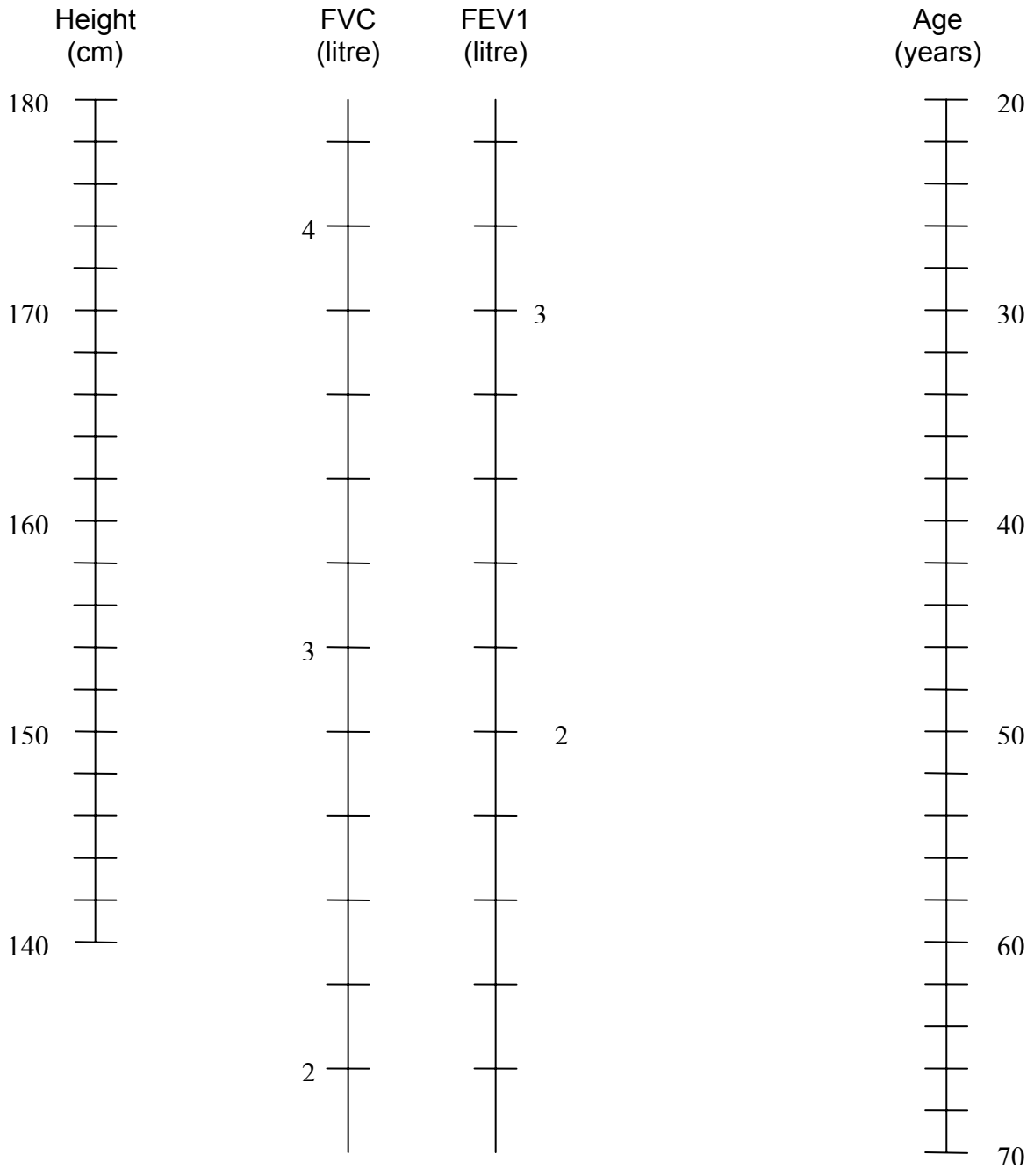


TABLE 3 – UPPER LIMB FUNCTION

All upper limb problems are assessed under the upper limb Table (Table 3). Each arm is assessed separately. Determination of upper limb impairments must be based on a demonstrable loss of function.

Rating	Criteria
NIL	Can use **dominant** limb effectively; and/or Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of upper limb which causes mild interference with hand function or manual handling.
FIVE	Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of **non-dominant** upper limb which causes moderate interference with hand function or manual handling.
TEN	Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of **dominant** upper limb which causes moderate interference with hand function or manual handling.
FIFTEEN	Demonstrable evidence of major loss of strength, mobility, coordination, dexterity and/or sensation of **non-dominant** upper limb which causes significant interference with hand function or manual handling.
TWENTY	Demonstrable evidence of major loss of strength, mobility, coordination, dexterity and/or sensation of **dominant** upper limb which causes significant interference with hand function or manual handling; **or** Unable to use **non-dominant** upper limb at all.
THIRTY	Unable to use **dominant** upper limb at all.

TABLE 4 – FUNCTION OF THE LOWER LIMBS

Table 4 is used to assess lower limb not spinal function (see Table 5). Assess both limbs together. Determination of lower limb impairments must be based on a demonstrable loss of functions.

Rating	Criteria
NIL	Walks without difficulty on a variety of different terrains and at varying speeds for distances of more than 500m.
TEN	Demonstrable loss of strength, mobility, stability, balance, coordination and/or sensation such as to cause **moderate** interference with walking and one or more of the following: climbing, squatting, sitting or kneeling; **or** Pain or claudication restricts walking to 250-500m or less, at a slow to moderate pace (4km/h). Can walk further after resting.
TWENTY	Demonstrable loss of strength, mobility, stability, balance, coordination and/or sensation such as to cause **major** interference with walking and one or more of the following: climbing, squatting, sitting or kneeling; **or** Pain or claudication restricts walking (4km/h) to 50-250m or less at a time. Can walk further after resting; **or** Unable to walk or stand but independently mobile using a self-propelled wheelchair.
THIRTY	Pain or claudication restricts walking (4km/h) to 50m or less at a time. Can walk further after resting or restricted to walking in and around home and: (a) requires quad stick, crutches or similar walking aid; or (b) is unable to transfer without assistance.
FORTY	Unable to walk or stand and mobile only in a motorised wheelchair or wheelchair with an attendant.

TABLE 5 – SPINAL FUNCTION

Determination of spinal impairments must be based on a demonstrable loss of function.

TABLE 5.1 - CERVICAL SPINE

Rating	Criteria
NIL	Normal or nearly normal range of movement.
FIVE	Loss of quarter of normal range of movement.
TEN	Loss of half of normal range of movement and frequent/constant neck pain or loss of three quarters of normal range of movement with infrequent neck pain.
TWENTY	Loss of three-quarters of normal range of movement and constant neck pain.
THIRTY	Loss of almost all movement, or complete ankylosis in position of function.
FORTY	Ankylosis in an unfavourable position, or unstable joint.

TABLE 5.2 - THORACO - LUMBAR-SACRAL SPINE

As spinal mobility is a composite movement, this Table measures overall mobility of the trunk including hip movement and is not intended to measure mobility of individual spinal segments.

Rating	Criteria
NIL	Normal or nearly normal range of movement.
FIVE	Loss of one-quarter of normal range of movement.
TEN	Loss of one-quarter of normal range of movement **as well as** back pain or Referred pain: (a) with many physical activities; and (b) with standing for about 30 minutes; and (c) with sitting or driving for about 60 minutes; **or** (d) loss of half of normal range of movement.
TWENTY	Loss of half of normal range of movement as well as back pain or referred pain: (a) with most physical activities; and (b) with standing for about 15 minutes; and (c) with sitting or driving for about 30 minutes; **or** (d) loss of three-quarters of normal range of movement.
FORTY	Ankylosis in an unfavourable position, or unstable joint.

TABLE 6 – PSYCHIATRIC IMPAIRMENT

It is important to record a detailed psychiatric history, a mental state examination, and to distinguish between temporary and permanent psychiatric disorders. People with established psychiatric disorders (e.g. Bipolar Disorder) may be highly variable in their clinical presentation and this factor must be taken into account in the assessment. The assessment of psychiatric impairment may benefit from investigating; reports from mental health case managers, compliance with and the effects of medication, support systems that people have in place, the degree of insight present and the presence of psychotic illness. Where a person has a short term problem, for example an adjustment disorder with depression following an illness or marital breakdown, initially this should usually be considered to be of a temporary nature. Table 6 is used for permanent psychiatric disorders only. If there is insufficient clinical information available, a current or recent specialist report should be obtained.

Rating	Criteria
NIL	Mild but regular symptoms which tend to cause subjective distress. On most occasions able to distract themselves from this distress. Minimal interference with function in everyday situations. Exacerbation of symptoms may cause occasional days off work. (e.g. There may be some loss of interest in activities previously enjoyed. There may be occasional friction with family, colleagues or friends). Medical therapy or some supportive treatment from treating doctor may be required.
TEN	Moderate and regular symptoms and generally functioning with some difficulty. (e.g. noticeable reduction in social contacts or recreational activities, or the beginnings of some interference with interpersonal or workplace relationships). May have received psychiatric treatment which has stabilised the condition. Minor effects on work attendance and/or ability to work but the impairment would not prevent full-time work (e.g. short periods of absence from work).
TWENTY	Psychiatric illness or disorder with either serious symptomatology **or** impairment in functioning that requires treatment by a psychiatrist (e.g. frequent suicidal ideation, severe obsessional rituals, frequent severe anxiety attacks, serious anti-social behaviour, diagnosed psychotic illness with continuing symptoms). There is significant interference with interpersonal or workplace relationships with serious disruption of work attendance or ability to work.
THIRTY	Serious psychiatric illness with major impairments in several areas, such as work, interpersonal relations, judgement, thinking, or mood (e.g. depressed person avoids friends, neglects family, unable to do housework), **or** some impairment in reality testing or communication (e.g. speech is at times obscure, illogical or irrelevant).
FORTY	Major chronic psychiatric illness which results in an inability to function in almost all areas, **or** behaviour is considerably influenced by either delusions or hallucinations, **or** serious impairment in communication (e.g. sometimes incoherent or unresponsive) or judgement (e.g. acts grossly inappropriately).

TABLE 7 – ALCOHOL AND DRUG DEPENDENCE

Alcohol and drug dependence is assessed using Table 7. A rating other than **NIL** on this Table should only be assigned where the person's medical and other reports, history and presentation consistently indicate chronic entrenched drug and alcohol dependence. It should also be causing a functional impairment; the use of drugs or alcohol does not in itself constitute or necessarily indicate permanent impairment. Any associated neurological functions or end organ damage should also be assessed on the appropriate tables in addition to Table 7. The ratings are then added together to obtain a total work-related impairment rating.

When applying this Table, consideration should be given to the known biological and behavioural effects of particular substances.

Rating	Criteria
NIL	A pattern of alcohol or drug use with no or only minor effects on daily functioning or work capacity.
FIVE	A pattern of alcohol or drug use sufficient to cause intermittent or temporary absence from work.
TWENTY	Dependence on alcohol or other drugs, well established over time, which is sufficient to cause prolonged absences from work. Reversible end organ damage may be present.
THIRTY	Dependence on alcohol or other drugs, well entrenched over many years, with minimal residual work capacity. Irreversible end organ damage may be present.
FORTY	Pattern of heavy alcohol or other drug use with severe functional disability and irreversible end organ damage.

TABLE 8 – NEUROLOGICAL FUNCTION: MEMORY, PROBLEM SOLVING, DECISION MAKING ABILITIES AND COMPREHENSION

Table 8 is used to rate impairment of higher neurological functions of memory, problem solving, decision making ability and comprehension. Loss of function within this group is rated only once using this Table. If there are additional functional losses, these are also assessed using other relevant Tables.

People with acquired brain injury may have associated problems with behaviour and/or insight. These impairments may be rated using both Table 8 and Table 6.

If there is insufficient clinical information available on cognitive function, a current or recent specialist report should be obtained (e.g. neurologist, specialist physician or neuropsychologist). The report should address functions of comprehension, memory, ability to concentrate, problem solving, loss of motivation, fatigue or any associated behavioural abnormalities or disorders.

Rating	Criteria
NIL	Comprehension, reasoning and memory are comparable with peers or only minor difficulties.
TEN	Can understand movies, radio programs or group discussions, but with some difficulty. Comprehension is good in most situations, but understanding is difficult in large groups, or when tired and upset. Has difficulty coping with rapid changes of topic; **or** Mild impairment of problem solving and ability to concentrate: 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** Mild impairment of memory. 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, checklists and colleagues.
TWENTY	Can understand speech face-to-face, but confusion or fatigue occurs rapidly in any group. Is unable to cope with rapid change in topic, or with complex topics and is unable to understand a series of work instructions from a supervisor; **or** Moderate impairment of memory: has frequent difficulty in recalling details of recent experiences; frequently misplaces objects; fails to follow through with intentions or obligations; tends to get lost more easily in unfamiliar areas. Compensation through use of aids, e.g. lists or diaries is normally adequate. If restricted to familiar schedules, activities, procedures and areas, is largely independent; **or** Moderate impairment of problem-solving ability and ability to concentrate: relies on accumulated knowledge. Suffers significant disadvantage in circumstances requiring complex decision-making or non-routine activities, i.e. when past decision-making is not directly relevant. Has reduced initiative/spontaneity, reduced ability to concentrate and/or reduced capacity for abstract thinking; **or** Significant perceptual problems (visual, space or time) making learning and complying with work tasks very difficult.

THIRTY	Can understand only simple sentences, and follow simple sentences from context and gesture, although frequent repetition is needed.
FORTY	Can understand only single words. Shows some understanding of slowly-spoken simple sentences from context and gesture, although frequent repetition is needed; **or** Severe loss of problem solving ability. Is partially able to compensate, but unable to function with complete independence.

TABLE 9 – COMMUNICATION FUNCTION – RECEPTIVE AND EXPRESSIVE LANGUAGE COMPETENCY

This Table measures communication and language competency and addresses both receptive (processing) and expressive language impairment. Hearing loss with impaired language processing or expression should be scored using this Table and Table 12. Hearing loss with normal language competency should only be scored on Table 12. Where language impairment is an effect of cognitive loss, a single rating should be assigned using Table 8 to reflect the combined loss of cognitive and language function. Where language impairment is separate or additional to a cognitive impairment, these losses may be rated using Table 8 and Table 9. The following factors should be considered in determining an impairment rating:

(a) the ability to independently and successfully use appropriate assistive devices, aids or strategies to reduce the impact of the impairment;
(b) the ability to make use of environmental cues and resources (including sign interpreters in the case of deaf people) to reduce the impact of the impairment;
(c) intactness of other channels of communication: reading, writing, non-verbal language;
(d) the degree of effort required by the communication partner(s) in any particular communication setting;
(e) appropriateness and degree of success of communicative interactions.

If there is insufficient clinical information available on communication skills, a current or recent specialist report should be obtained (e.g. speech pathologist, neurologist or neuropsychologist). The report should comment on functional communication status, including the capacity to utilise compensatory strategies/aids to reduce the impact of the impairment.

Rating	Criteria
NIL	Satisfactory or only minor difficulties with communication
FIFTEEN	Difficulty with unfamiliar, lengthy or complex verbal situations and unable to adapt or manage interruption but competent communication in favourable settings. Could work in a wide range of occupations but high public contact and high communication content jobs may be too demanding.
TWENTY	Communication is effortful and limited. A communication partner is required to assist in interpreting the information. Unable to cope with rapid change in topic or complex/abstract information but can understand simple sentences & follow information from context and gestures. Could work in open employment in a limited range of occupations but could not manage jobs which require high communication demands or public contact.
THIRTY	Communication is very limited. May be able to use context to convey message and may be able to comprehend material if it is repeated, rephrased or represented in another format. May convey information via a YES/NO response. Unlikely to cope with open employment unless work tasks had minimal communication requirements.
FORTY	There is little or no functional understanding of verbal language and communication relies entirely on someone else to interpret meaning. May have an augmentative/communication device or board but only able to use it

	effectively in familiar settings. Unlikely to cope with any open employment.

TABLE 10 – INTELLECTUAL DISABILITY

This Table is only to be used for intellectual disability. Three key criteria are assessed, IQ using the Weschler Adult Intelligence Scale (Revised WAIS-R) and two areas of social functioning: adaptive behaviour and capacity for independent living. The claimant is given a score for each and the **three scores are then added**. The final figure is converted to a work-related impairment rating using the table below. A score can only be assigned for the two social functioning criteria if a score has been assigned for a low IQ. Where it is clear that the person is moderately to severely intellectually impaired, formal psychometric testing may not be necessary but in borderline and mild cases where no formal testing has been performed, this should be arranged.

INTELLIGENCE (IQ)	SCORE	ADAPTIVE BEHAVIOUR	SCORE
Normal	**0**	No or only mild behavioural problems	**0**
70 - 79	**3**	Moderate to severe behavioural problems	**3**
50 - 69	**5**		
30 - 49	**6**		
Below 30	**8**		

CAPACITY FOR INDEPENDENT LIVING

	SCORE
Self-sufficient	**0**
Needs **supervision** of daily activities and routine financial transactions e.g. needs to be reminded to perform routine tasks/personal care	**3**
Needs **regular** help with daily activities and routine financial transactions	**4**
Needs **major** help with daily activities and routine financial transactions	**5**
Totally dependent	**6**

(View following Conversion Table)

Table for Conversion to Work-Related Impairment Rating.

SCORE	RATING
3	TEN
5	TWENTY
6	TWENTY FIVE
7	THIRTY
8	THIRTY FIVE
9 or above	FORTY

TABLE 11.1 – GASTROINTESTINAL: STOMACH, DUODENUM, LIVER AND BILIARY TRACT

Rating	Criteria
NIL	Peptic ulcer/oesophagitis /liver disease: mild symptoms despite optimal treatment.
TEN	Nausea and vomiting: moderate symptoms despite optimal treatment Peptic ulcer/oesophagitis: continuing frequent symptoms despite optimal treatment Past gastric surgery with moderate dyspepsia and dumping syndrome Established chronic liver disease. Symptoms (e.g. fatigue, nausea) may cause minor loss of efficiency in daily activities but rarely prevent completion of any activity.
TWENTY	Constant dysphagia requiring regular dilatation Vomiting: severe, not controlled despite optimal medication, and causing significant weight loss Peptic ulcer refractory to all treatment including surgery of with complications e.g. bleeding or outlet obstruction Established chronic liver disease. Symptoms (e.g. more persistent fatigue, nausea, abdominal pain) may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue. Most daily activities can be completed but only with some difficulty.
THIRTY	Diet limited to liquid or to pureed food or long term total parenteral nutrition Gastrostomy Established chronic liver disease. Symptoms (e.g. ascites, bleeding disorders, hepatic encephalopathy, more severe fatigue, nausea, vomiting) may cause substantial difficulty with most daily tasks.

TABLE 11.2 – GASTROINTESTINAL: PANCREAS, SMALL AND LARGE BOWEL, RECTUM AND ANUS

Rating	Criteria
NIL	Anal disorder: infrequent and minor symptoms, e.g. haemorrhoids, anal fissures, controlled by medication Bowel disorder, e.g., irritable bowel, diverticulosis: infrequent and minor symptoms such as constipation or bowel disorder which respond to dietary treatment alone.
TEN	Bowel disorder: frequent moderate symptoms despite optimal treatment Occasional faecal soiling despite optimal treatment Anal disorder: marked symptoms despite regular treatment Colostomy, ileostomy - well controlled Established chronic pancreatic disease with moderate symptoms (pain/steatorrhoea) Large abdominal hernia not easily reduced and resulting in persistent moderate symptoms.
TWENTY	Faecal soiling necessitating frequent changes of underwear and an incontinence pad despite optimal treatment Bowel disorder: marked symptoms, such as regular diarrhoea and frequent abdominal pain, only partially controlled by optimal treatment Colostomy, ileostomy - poorly controlled Large abdominal hernia and/or repeated unsatisfactory hernia repairs resulting in frequent and persistent severe symptoms Established chronic pancreatic disease with moderate symptoms (pain/steatorrhoea)
THIRTY	Bowel disorder: diarrhoea and abdominal pain on most days, with poor response to treatment and considerable interference with daily routine Jejunostomy Established chronic pancreatic disease with moderate symptoms (pain/steatorrhoea)
FORTY	Complete faecal incontinence.

TABLE 12 – HEARING FUNCTION

Testing to be carried out without a hearing aid.

Assignment of Work-Related Impairment Rating	
Percentage Loss of Binaural Hearing	**Rating**
0 - 24.9	NIL
25 - 34.9	FIVE
35 - 44.9	TEN
45 - 54.9	FIFTEEN
55 - 64.9	TWENTY
65 - 74.9	TWENTY-FIVE
75 - 84.9	THIRTY
85 - 94.9	THIRTY-FIVE
95 – 100	FORTY

TABLE 12.2 - 500 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 500Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤ 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 15	0.0																
20	0.4	0.6															
25	0.6	1.0	1.4														
30	1.0	1.4	2.0	2.8													
35	1.3	1.8	2.5	3.4	4.5												
40	1.7	2.2	3.0	3.9	5.1	6.4											
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1										
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7									
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2								
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6							
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0						
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5					
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9				
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2			
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1		
90	3.4	4.1	5.0	6.0	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7	
≤ 95	3.4	4.2	5.1	6.1	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0

TABLE 12.3 - 1000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1000Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤ 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 15	0.0																
20	0.5	0.8															
25	0.8	1.2	1.8														
30	1.2	1.7	2.5	3.5													
35	1.7	2.3	3.1	4.3	5.7												
40	2.1	2.8	3.7	4.9	6.3	8.0											
45	2.5	3.3	4.2	5.4	6.9	8.5	10.2										
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1									
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0								
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7							
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5						
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4					
75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4	18.1	19.7	21.1				
80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7	18.4	20.0	21.5	22.7			
85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9	18.6	20.3	21.7	23.0	23.9		
90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.4	21.9	23.2	24.1	24.6	
≤ 95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.5	22.0	23.3	24.2	24.7	25.0

TABLE 12.4 - 1500 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1500Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤ 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 15	0.0																
20	0.4	0.6															
25	0.6	1.0	1.4														
30	1.0	1.4	2.0	2.8													
35	1.3	1.8	2.5	3.4	4.5												
40	1.7	2.2	3.0	3.9	5.1	6.4											
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1										
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7									
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2								
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6							
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0						
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5					
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9				
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2			
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1		
90	3.4	4.1	5.0	6.0	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7	
≤95	3.4	4.2	5.1	6.1	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0

TABLE 12.5 - 2000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 2000Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤ 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 15	0.0																
20	0.3	0.5															
25	0.5	0.7	1.1														
30	0.7	1.0	1.5	2.1													
35	1.0	1.4	1.9	2.5	3.4												
40	1.3	1.7	2.2	2.9	3.8	4.8											
45	1.5	1.9	2.5	3.3	4.1	5.1	6.1										
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3									
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4								
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4							
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5						
70	2.2	2.7	3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6					
75	2.3	2.8	3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7				
80	2.4	2.9	3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6			
85	2.4	3.0	3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3		
90	2.5	3.1	3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8	
≤ 95	2.6	3.2	3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0

TABLE 12.6 - 3000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 3000Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤ 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 15	0.0																
20	0.2	0.3															
25	0.3	0.5	0.7														
30	0.5	0.7	1.0	1.4													
35	0.7	0.9	1.2	1.7	2.3												
40	0.8	1.1	1.5	2.0	2.5	3.2											
45	1.0	1.3	1.7	2.2	2.7	3.4	4.1										
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8									
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6								
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3							
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0						
70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7					
75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4				
80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1			
85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5		
90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8	
≤ 95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0

TABLE 12.7 - 4000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 4000Hz

HTL – BETTER EAR

HTL – WORSE EAR	≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤ 95
≤ 20	0.0															
25	0.2	0.3														
30	0.3	0.5	0.8													
35	0.5	0.7	1.0	1.5												
40	0.6	0.9	1.3	1.8	2.5											
45	0.8	1.1	1.5	2.1	2.7	3.5										
50	0.9	1.3	1.7	2.3	2.9	3.6	4.4									
55	1.0	1.4	1.9	2.4	3.1	3.8	4.5	5.2								
60	1.2	1.5	2.0	2.6	3.2	3.9	4.6	5.3	6.0							
65	1.2	1.6	2.1	2.7	3.3	3.9	4.6	5.3	6.0	6.7						
70	1.3	1.7	2.2	2.7	3.4	4.0	4.7	5.4	6.1	6.8	7.5					
75	1.4	1.8	2.3	2.8	3.4	4.1	4.8	5.5	6.2	6.9	7.6	8.2				
80	1.4	1.9	2.3	2.9	3.5	4.2	4.9	5.6	6.3	7.0	7.7	8.4	8.9			
85	1.5	1.9	2.4	3.0	3.6	4.2	4.9	5.7	6.4	7.1	7.8	8.5	9.0	9.5		
90	1.6	2.0	2.5	3.0	3.6	4.3	5.0	5.7	6.5	7.2	7.9	8.6	9.1	9.5	9.8	
≤ 95	1.6	2.0	2.5	3.1	3.7	4.3	5.0	5.7	6.5	7.2	8.0	8.7	9.2	9.6	9.8	10.0

TABLE 13 – VISUAL ACUITY IN THE BETTER EYE

Work-related impairment in relation to a loss of visual acuity is assessed by measuring visual acuity. This refers to best corrected vision in the better eye with spectacles or contact lenses (if applicable). Referral to an optometrist or ophthalmologist may be required if there is doubt as to whether best corrected vision has been achieved or with the accuracy of the Snellen's Chart assessment. A person meets the criteria for permanent blindness if the corrected visual acuity is less than 6/60 on the Snellen Scale in both eyes or there is a combination of visual defects resulting in the same degree of permanent visual loss.

Visual Acuity Rating

		Cataract operation (unilateral and bilateral aphakia not to receive a different rating)		
		Implant	Contact Lenses	Glasses
6/6	0	0	0	10
6/9	0	0	10	20
6/12	5	10	20	40
6/18	10	20	40	40
6/24 or worse	20	40	40	40

TABLE 14 – MISCELLANEOUS EYE CONDITIONS

Visual Disturbance	Rating
Squint (Heterophoria): Latent	0
Squint (Heterotropia): Without diplopia	0
Acquired Heterotropia (squint) with diplopia: one quadrant of upward gaze all directions of upward gaze one quadrant of downward gaze one direction of sideways gaze both directions of sideways gaze all directions of gaze all directions of downward gaz all range of near vision	 5 10 10 10 10 20 20 20
Constant irritation of eyes, photophobia, epiphora, ectropion or entropion	0
Gaze defects (vertical and/or horizontal)	10
Glaucoma without visual loss	0
Longstanding Blepharospasm	10
Loss of stereoscopic vision in absence of squint Permanent (e.g. blind in one eye) Intermittent (e.g. ptosis or tarsorrhaphy)	 5 10
Nystagmus without diplopia	Rate as for visual acuity
Retinal Dystrophy with night blindness	Rate as for visual acuity and visual fields

TABLE 15 – VISUAL FIELDS

It is usually necessary to seek ophthalmological advice for an accurate assessment under this Table. A person meets the criteria of a “visually impaired person” under the Social Security Act if a person’s visual acuity is certified by an ophthalmologist to be so low as to render such person unable to perform any work for which eyesight is essential.

Type of Defect	Rating	
	Only one eye affected	**Both eyes affected (or there is only one eye and it is affected)**
Temporal Hemianopia	10	20
Nasal Hemianopia	10	20
Upper half loss	10	20
Lower half loss	20	20
Upper quadrant loss	0	20
Lower quadrant loss	0	20
Constriction outside 30 degrees of fixation	0	0
Constriction to within 30 degrees of fixation	10	10
Constriction to within 20 degrees of fixation	20	20
Constriction to within 10 degrees of fixation	20	permanent blindness

TABLE 16 – LOWER URINARY TRACT

This Table is to be used for incontinence and other urethral and bladder outlet disorders.

Rating	Criteria
NIL	Minor stress incontinence. Bladder outlet or urethral obstruction with mild symptoms.
TEN	Loss of voluntary control of bladder, but satisfactory emptying achieved by triggering of reflex activity, suprapubic pressure or Valsalva manoeuvre. No incontinence aid needed; **or** Ileal or Sigmoid conduit; **or** Chronic Urinary Obstruction needing regular catheterisation.
TWENTY	Loss of voluntary control of bladder with dribbling incontinence needing frequent change of incontinence pads, or a collection device, e.g. urodome catheter; **or** Ureterosigmoidostomy.

TABLE 17 – RENAL FUNCTION

As renal disease has systemic effects, assessment of renal impairment as it impacts on work capacity is based upon the loss of function resulting from these systemic effects. For example, for persistent generalised symptoms such as fatigue use Table 20, refractory anaemia is assessed using Table 20, persistent gastrointestinal symptoms (e.g.. vomiting) despite optimal treatment are assessed using Table 11 and persistent Central Nervous System symptoms using Table 8. Renal transplants are assessed using Table 20.

Dialysis is rated as follows:

Rating	Criteria
FIFTEEN	All types of dialysis (except outpatient haemodialysis) which are functioning well. Some decreased ability to carry out everyday activities but independence is retained.
TWENTY	Outpatient haemodialysis and all types of dialysis which are functioning poorly. More severe symptoms with a decreased ability to carry out many everyday activities. Most daily activities can be completed with some difficulty. Symptoms may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue.
THIRTY	End stage renal disease with very severe symptoms which lead to substantial difficulties with most daily tasks.
FORTY	End stage renal disease leading to major restrictions in many everyday activities. Capacity for self-care is restricted leading to dependence on others.

TABLE 18 – SKIN DISORDERS

In the evaluation of work-related impairment resulting from a skin disorder, the actual functional loss is the prime consideration. However, where there is extensive cosmetic or cutaneous involvement, this should also be considered.

Rating	Criteria
NIL	Signs and symptoms of skin disorder present and with treatment there is NO limitation in the performance of normal daily activities.
TEN	Signs and symptoms of skin disorder present despite optimal treatment and results in some interference with normal daily activities.
TWENTY	Signs and symptoms of skin disorder present despite optimal treatment and results in significant interference with normal daily activities.
FORTY	Very severe symptoms requiring continuous treatment which may include periodic confinement to home or hospital and needs considerable assistance with normal daily activities.

TABLE 19 – ENDOCRINE DISORDERS

The effects of endocrine disorders e.g. diabetes mellitus on other body systems e.g. the vascular and visual systems should be assessed from the appropriate tables and added together with values from this table.

Rating	Criteria
NIL	Thyroid disease, Acromegaly, Cushing's disease, Prolactinoma, Diabetes Mellitus, Diabetes Insipidus, Parathyroid Disease, Paget's disease, Osteoporosis, Addison's Disease adequately controlled with hormone replacement and/or surgery and/or radiotherapy and/or therapeutic agents.
TEN	Thyroid disease, Acromegaly, Cushing's disease, Prolactinoma, Diabetes Insipidus, Parathyroid Disease, Paget's disease or Osteoporosis which is incompletely controlled or treated e.g. symptomatic Paget's disease, osteoporosis or other bone disease with pain not completely controlled by continuous therapy.
TWENTY	Diabetes mellitus or Addison's Disease not satisfactorily controlled despite vigorous therapy as indicated by for example frequent hospital admissions, recurrent hypoglycaemic or hypotensive episodes and/or progressive end organ damage.

TABLE 20 – MISCELLANEOUS – MALIGNANCY, HYPERTENSION, HIV INFECTION, MORBID OBESITY (i.e. BMI >40), HEART / LIVER/ KIDNEY TRANSPLANTS, MISCELLANEOUS EAR / NOSE / THROAT CONDITIONS & CHRONIC FATIGUE OR PAIN

Table 20 can be used for miscellaneous conditions, for example, malignancy, HIV infection, morbid obesity, transplants, miscellaneous ear/nose/throat conditions, disorders with chronic fatigue (including Chronic Fatigue Syndrome) or pain and hypertension. Where there is a separate loss of function, in addition to the loss which can be rated using the system-specific Tables, Table 20 can be used. Double-counting of a particular loss of function, by the use of more than one Table, must be avoided.

Rating	Criteria
NIL	Controlled hypertension Malignancy in remission with a good to fair prognosis Minor symptoms which are easily tolerated and have no appreciable effect on ability to work.
TEN	Mild to moderate symptoms which are irritating or unpleasant but which rarely prevent completion of any activity. Symptoms may cause loss of efficiency in daily activities but minimal interference performing or persisting with work-related tasks. There is minimal effect/impact on work attendance Hypertension that is difficult to control despite intensive therapy but without end-organ damage Potentially life-threatening condition which is currently **not** interfering with daily activities e.g. malignancy in remission with a poor prognosis Heart/Liver/Kidney transplants - well controlled (well functioning) with only mild systemic symptoms.
FIFTEEN	Moderate to severe symptoms which are more distressing but prevent few everyday activities. Self-care is unaffected and independence is retained. Symptoms may have mild to moderate impact on ability to perform or persist with work-related tasks and/or attend work. Full-time work would still be possible Potentially life-threatening condition which is currently interfering with daily activities but self-care is unaffected.
TWENTY	More severe symptoms with a decreased ability/efficiency to carry out many everyday activities. Most daily activities can be completed with some difficulty. Symptoms may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue. Symptoms cause significant interference with ability to perform or persist with work-related tasks. Symptoms may cause prolonged absences from work.

THIRTY	Very severe symptoms which lead to substantial difficulty with most daily tasks. Assistance with elements of self-care may be required. Symptoms cause severe interference with ability to work or attend work (i.e. minimal residual work capacity). Heart/Liver/Kidney transplants - poorly controlled (poorly functioning) with fairly severe symptoms which lead to substantial difficulty with most daily tasks. Malignant hypertension - severe, uncontrolled. Inoperable, symptomatic and life-threatening aneurysm or malignancy. Very poor prognosis with only a very limited lifespan.
FORTY	Major restrictions in many everyday activities. Capacity for self-care is restricted, leading to dependence on others. No residual work capacity.

TABLE 21 – INTERMITTENT CONDITIONS

Intermittent but continuing disorders that remain asymptomatic between discrete episodes of impairment e.g. gout, epilepsy, Meniere's Disease, vertigo & tinnitus (only to be scored in the presence of a diagnosed condition causing these symptoms but if the symptoms are continuous Table 20 should be used) are rated by reference to severity, duration and frequency of attacks:

(a) **severity** during an attack is defined in the descriptions below;
(b) **duration** is defined in the descriptions below;
(c) **frequency** is determined by the number of affected days in a year.

A rating using the above three factors is made by first coding severity and duration into an intermittent grading. The code is then combined with frequency, using Table 21.4, to give the rating.

Some intermittent disorders may be rated using system-specific tables. The system-specific table is then used in preference e.g. severe asthma where there is persistent airway limitation.

When episodes vary in severity, duration or frequency, an average for each factor should be estimated. More than one rating may be given for the same disorder. Thus for grand mal epilepsy one rating is given for the ictal phase and a second rating for the post-ictal stage. The two are then added together.

For acute exacerbations of chronic disorders, where the acute relapses are frequent and severe, the Intermittent Tables can be used in addition to the primary score derived for the underlying medical condition e.g. frequent attacks of acute bronchitis can be scored using Table 21 in addition to Table 1 or 2 for Chronic Airways Limitation and the scores added together.

TABLE 21.1 - INTERMITTENT ATTACK - SEVERITY LEVEL CRITERIA

Rating	Criteria
NIL	Minor symptoms which are easily tolerated.
ONE	Mild to moderate symptoms which are irritating or unpleasant but which rarely prevent completion of any activity. Symptoms may cause loss of efficiency in some activities.
TWO	More severe symptoms which are distressing, but prevent few everyday activities. Loss of efficiency is discernible elsewhere. Self-care is unaffected and independence is retained.
THREE	Loss of efficiency is discernible in many everyday activities. Some elements of self-care are restricted but in most respects, independence is retained. Bed-rest is often necessary during an attack.
FOUR	Major restrictions in many everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others.
FIVE	Most everyday activities are prevented. Dependent on others for many kinds of self-care. Able to be maintained at home only with considerable difficulty, or hospital admission is required.
SIX	Total incapacity. Unconscious or delirious. Self-care is impossible.

TABLE 21.2 - INTERMITTENT ATTACK - DURATION

Description	Duration
Transient	Lasting up to and including five minutes.
Short	Lasting more than five minutes but less than 30 minutes.
Medium	Lasting from 30 minutes to four hours.
Prolonged	Lasting more than four hours.

TABLE 21.3 - SEVERITY -GRADING CODE DESCRIPTION SEVERITY LEVEL

Description	Level

	0	1	2	3	4	5	6
Transient	A	A	A	B	C	C	F
Short	A	A	C	C	D	E	H
Medium	A	B	C	D	E	H	I
Prolonged	A	C	D	F	G	I	J

A rating is obtained using Table 21.3 and Table 21.4:
(a) determine the intermittent grading code appropriate to the estimated severity and duration from Table 21.3; and
(b) make the rating appropriate to the intermittent grading code and frequency from Table 21.4.

TABLE 21.4 - ASSIGNMENT OF A RATING

	Frequency (Affected days/year)					
	2+	5+	10+	20+	40+	100+
Intermittent Grading Code	**Rating**					
A	-	-	-	-	-	-
B	-	-	-	-	-	5
C	-	-	-	-	5	10
D	-	-	-	5	10	20
E	-	-	-	5	10	30
F	-	-	5	5	10	30
G	-	-	5	10	20	30
H	-	-	5	10	30	40
I	-	5	10	30	40	40
J	5	10	20	40	40	40

TABLE 22 – GYNAECOLOGICAL CONDITIONS

Gynaecological conditions such as pelvic inflammatory disease and endometriosis should be assessed using Table 22. The Medical Officer should only use this Table for significant diagnosed conditions affecting normal daily functioning and which are likely to continue for the foreseeable future. Malignancy should be scored using Table 20. Disability due to mastectomy should only be scored where there is an associated loss of upper limb function and Table 3 should then be used. Post-natal depression may be scored using Table 6 if considered to be adversely affecting function for the next year. For males, disorders of the genital system should be assessed under Tables 16 or 17.

Rating	Criteria
NIL	Minor symptoms which are easily tolerated. Minimal effect on daily functioning or work capacity.
TEN	Moderate and frequent symptoms present despite treatment due to a condition which has been properly diagnosed. Some decreased ability to carry out every day activities but independence is retained.
TWENTY	Moderate to severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed. Decreased ability to carry out everyday activities, requiring assistance with elements of self-care.
THIRTY	More severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed. This results in substantial difficulties with most daily tasks.
FORTY	Severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed and needs considerable assistance with many daily activities.